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**Connecting Children  
with their Family of Origin:  
A Study of Contact Arrangements for  
Fostered Children in Malta**

**Olivia Galea-Seychell  
B.Psy.(Hons)(Melit.), MSc(Lond.)**

**A thesis presented in fulfilment of the  
requirements of the PhD degree at  
The Open University  
in the disciplines of  
Psychology and Social Work**

**5th January 2011**

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## Statement of Authenticity

I, the undersigned declare that this thesis is authentic in so far as it is the result of my own study and research. Any work carried out was after registration for this degree. Conclusions reached or statements made are mine unless otherwise stated. All referenced material is duly credited and acknowledged.



Olivia Galea-Seychell

5<sup>th</sup> January 2011



## **Dedication**

To my mother Michelina and my husband Joseph for their  
support throughout this academic journey.

To my four children who perished along the way.

To my son Beppe for giving me the courage to complete this  
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Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

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Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

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Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

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## **Abstract**

Maintaining links with the family of origin is significant to children's welfare. This thesis studies contact arrangements between children in foster care and their family of origin. Contact with birth parents, siblings and the extended family is explored. A survey of social work case files is carried out. The survey of 136 fostered children reports that children live in long term care. Same sibling placement is uncommon. Children are most frequently in contact with siblings, followed by contact with the mother. Contact with the father is associated negatively with educational attainment, whilst contact with the mother is associated with emotional/behavioural concerns.

As a result of the survey's findings, this thesis develops an intensive study of contact. Twenty two children residing in foster care and their 21 foster carers are interviewed. Pictorial vignettes and visual spatial techniques are administered to children. Through these techniques children's views, experiences and wishes of contact are reported. A questionnaire and an interview are also administered to foster carers. Children view contact favourably with siblings and the extended family. Negative emotions are found when contact with parents is discussed. Most children have face-to-face contact with siblings. They also wish to have more contact with siblings. Contact with the extended family such as grandparents is non-threatening. Foster carers hold ambivalent views about contact. Whilst promoting contact, they show reluctance towards children's contact with parents and the extended family. The study reports that both children and foster carers are involved, by practitioners, in contact issues. Moreover,

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

contact is identified as significant to children's identity development. A  
practice model of contact is discussed in the conclusion of this thesis.

# Table of Contents

STATEMENTS OF AUTHENTICITY	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
ABSTRACT	viii
TABLE OF CONTENTS	x
LIST OF FIGURES	xviii
LIST OF TABLES	xx

## CHAPTER 1 – AN OVERVIEW OF THE STUDY

INTRODUCTION	2
THE MALTESE CONTEXT	3
OBJECTIVES OF THE THESIS	4
STRUCTURE OF THESIS AND OVERVIEW OF CHAPTERS	6
<i>OVERVIEW AND RESEARCH QUESTIONS</i>	6
<i>LITERATURE REVIEW</i>	7
<i>DEVELOPMENTS OF THE FOSTER CARE SYSTEM</i>	8
<i>RESEARCH METHODOLOGY AND FINDINGS</i>	8
<i>CONCLUSION AND RECOMMENDATIONS FOR POLICY AND PRACTICE</i>	10
STRENGTHS AND LIMITATIONS OF THE STUDY	11
CONCLUSION	12

## CHAPTER 2 – FOSTER CHILDREN'S CONTACT WITH THE FAMILY

### OF ORIGIN: A REVIEW OF THE LITERATURE

INTRODUCTION	15
WHAT IS CONTACT?	16
WHY IS CONTACT IMPORTANT?	19



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

PLACEMENT BREAKDOWNS AND REUNIFICATION WITH THE FAMILY OF	
ORIGIN	23
CHILD DEVELOPMENT: WELLBEING, ATTACHMENT, IDENTITY AND	
CONTACT	27
CHALLENGES TO MAINTAINING CONTACT	33
<i>SOCIAL WORK ACTIVITIES</i>	34
<i>FOSTER CARERS' VIEWS</i>	36
<i>OTHER NON-SPECIFIC RESTRICTIONS</i>	39
CONTACT ARRANGEMENTS	40
<i>FREQUENCY OF CONTACT, MODE OF CONTACT AND CONTACT</i>	
<i>PERSONS</i>	41
<i>VENUE AND SUPERVISION OF CONTACT</i>	43
CONCLUSION	46

**CHAPTER 3 – FOSTERING DEVELOPMENTS IN THE MALTESE  
ISLANDS**

INTRODUCTION	49
FOSTER CARE WITHIN THE MALTESE ISLANDS: FROM THE TURN	
OF THE TWENTIETH CENTURY	50
<i>THE EXTENDED FAMILY AS CARE PROVIDER</i>	51
<i>CHILDREN OF PROSTITUTES</i>	52
<i>UNEMPLOYMENT FACTORS</i>	54
<i>RESIDENTIAL CARE</i>	56
<i>THE ROSS REPORT</i>	57
<i>AD HOC FOSTERING ARRANGEMENTS</i>	59
<i>FOSTERING OR ADOPTION?</i>	61
<i>PERSPECTIVES OF THE BIRTH FAMILY</i>	63
CONCRETE MEASURES TO THE DEVELOPMENT OF FOSTER CARE	64

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

<i>THE INVOLVEMENT OF THE CHURCH IN FOSTERING</i>	65
<i>LEGAL FRAMEWORKS RECOGNISING FOSTERING</i>	66
<i>PLACING FOSTERING AND ADOPTION TOGETHER</i>	71
<i>SEPARATION OF FOSTERING: THE WORK OF THE INTER-AGENCY FOSTERING TEAM</i>	72
<i>FORMAL FOSTERING</i>	73
<i>THE CHILD IN CARE BENEFIT</i>	75
<i>KIN CARERS</i>	77
<i>SOCIAL CONTACTS</i>	79
<i>A STEPPING STONE TO FOSTER CARE</i>	80
THE WAY FORWARD	82
CONCLUSION	86

**CHAPTER 4 – RESEARCH METHODOLOGY**

INTRODUCTION	89
A MIXED METHODS APPROACH	90
CONDUCTING RESEARCH AND ETHICAL ASPECTS	96
<i>THE SURVEY STUDY</i>	96
<i>THE INTENSIVE STUDY</i>	99
THE PARTICIPANTS AND THE INTERVIEW PROCESS	103
THE DATA COLLECTION METHOD	105
<i>THE SURVEY STUDY</i>	105
DATA COLLECTION METHODS IN THE INTENSIVE STUDY	113
<i>DATA COLLECTION METHODS WITH CHILDREN</i>	113
<i>DATA COLLECTION TOOLS WITH FOSTER CARERS</i>	119
ANALYSIS OF DATA	121
LIMITATIONS OF THE STUDY	122
CONCLUSION	123

## **CHAPTER 5 – MAPPING MALTESE CHILDREN IN FOSTER CARE:**

### **THE SURVEY RESEARCH FINDINGS**

INTRODUCTION	126
GENDER, LOCALITY, ETHNICITY AND DISABILITY/LEARNING	
DIFFICULTIES	127
AGE	129
LEGAL STATUS AND TYPE OF CARE	133
REASONS FOR ENTRY INTO CARE	140
DURATION OF CARE EXPERIENCES	146
PREVIOUS PLACEMENTS AND MOVES	153
CONTACT ARRANGEMENTS	159
SIBLINGS AND OTHER CHILDREN IN PLACEMENT	177
HEALTH	183
EDUCATIONAL ATTAINMENT	187
EMOTIONAL AND BEHAVIOURAL CONCERNS	192
SALIENT POINTS	195
CONCLUSION	202

## **CHAPTER 6 – MAPPING MALTESE CHILDREN IN FOSTER CARE:**

### **DISCUSSION OF FINDINGS**

INTRODUCTION	205
GENDER, LOCALITY, ETHNICITY AND DISABILITY/LEARNING	
DIFFICULTIES	205
AGE	208
LEGAL STATUS AND TYPE OF CARE	209
REASONS FOR ENTRY INTO CARE	211
DURATION OF CARE EXPERIENCES	213
PREVIOUS PLACEMENTS AND MOVES	214
CONTACT ARRANGEMENTS	217
SIBLINGS AND OTHER CHILDREN IN PLACEMENT	221

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

HEALTH	223
EDUCATIONAL ATTAINMENT	224
EMOTIONAL AND BEHAVIOURAL CONCERNS	225
CONCLUSION	227

**CHAPTER 7 – GETTING TO KNOW FOSTERED CHILDREN**

INTRODUCTION	229
CHILDREN IN THE INTENSIVE STUDY	230
MAIN CARER’S PROFILE	231
PREVIOUS PLACEMENTS AND LENGTH OF TIME	233
REASONS FOR ENTRY INTO CURRENT PLACEMENT	236
CHILDREN’S FAMILY OF ORIGIN	238
CONTACT	241
<i>PRESENCE OF CONTACT</i>	242
<i>FREQUENCY OF CONTACT</i>	243
<i>MODE OF CONTACT</i>	245
<i>SUPERVISED CONTACT</i>	248
<i>VENUE OF CONTACT</i>	249
SALIENT POINTS	249
DISCUSSION OF FINDINGS	250
<i>DEMOGRAPHICS</i>	251
<i>CARE CAREER</i>	252
<i>FAMILY OF ORIGIN, CONTACT AND ITS ARRANGEMENTS</i>	254
CONCLUSION	258

**CHAPTER 8 – UNDERSTANDING CONTACT: FOSTER CARERS’**

**VIEWPOINTS**

INTRODUCTION	260
ESTABLISHING CONTACT WITH THE FAMILY OF ORIGIN	261
IMPORTANCE OF CONTACT	262

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

APPRAISING CONTACT	265
<i>HAZARDS OF CONTACT</i>	265
<i>IMPACT ON CHILDREN'S BEHAVIOUR</i>	267
<i>FREQUENCY OF CONTACT VISITS</i>	270
MANAGING CONTACT	272
<i>INVOLVEMENT OF CHILDREN AND CARERS</i>	272
<i>IMPACT ON DAILY ROUTINE</i>	275
<i>EXPERIENCES IN MANAGING CONTACT</i>	276
<i>SUPPORT IN MANAGING CONTACT</i>	280
MAKING CONTACT A BETTER EXPERIENCE	281
SALIENT POINTS	283
DISCUSSION OF FINDINGS	285
<i>AMBIVALENT VIEWS HELD BY FOSTER CARERS</i>	285
<i>CONTACT: ITS IMPORTANCE AND OUTCOME</i>	288
<i>CONTACT MANAGEMENT</i>	290
CONCLUSION	292
 <b>CHAPTER 9 – CHILDREN'S VIEWS ABOUT CONTACT</b>	
INTRODUCTION	295
CONTACT WITH SIBLING	296
SOCIAL WORK INTERVENTION IN FACILITATING CONTACT	299
CONTACT WITH PARENTS	306
<i>CONTACT WITH MOTHER</i>	306
<i>CONTACT WITH FATHER</i>	308
CONTACT WITH THE EXTENDED FAMILY	312
SALIENT POINTS	315
DISCUSSION OF FINDINGS	318
<i>RELATIONS BETWEEN SIBLINGS</i>	318
<i>CONTACT WITH PARENTS AND THE EXTENDED FAMILY</i>	319
<i>CONTACT AND SOCIAL WORK PRACTICE</i>	322
CONCLUSION	324

**CHAPTER 10 – CHILDREN’S CONTACT EXPERIENCES AND THEIR  
WISHES ABOUT CONTACT**

INTRODUCTION	327
CONTACT PERSONS	328
MODE OF CURRENT AND DESIRED CONTACT	333
FREQUENCY OF CURRENT AND DESIRED CONTACT	336
SIGNIFICANCE OF CONTACT	340
PREPARATION PRIOR TO CONTACT EXPERIENCES AND THEIR EXPECTATIONS ABOUT CONTACT PREPARATION	347
DECISION-MAKING AND SOCIAL WORK PRACTICES	350
SALIENT POINTS	356
DISCUSSION OF FINDINGS	359
<i>CONTACT PERSONS AND SIGNIFICANCE OF CONTACT</i>	360
<i>MODE AND FREQUENCY OF CONTACT</i>	364
<i>PREPARATION, INVOLVEMENT IN DECISIONS AND SOCIAL     WORK PRACTICES</i>	367
CONCLUSION	369

**CHAPTER 11 – CONCLUSIONS AND RECOMMENDATIONS FOR  
PRACTICE AND POLICY**

INTRODUCTION	373
FOSTER CHILDREN’S CARE CAREERS	373
WELLBEING AND SIBLINGS	374
CONTACT WITH THE FAMILY OF ORIGIN	374
<i>CONTACT PERSONS, MODE AND FREQUENCY OF CONTACT</i>	374
<i>CHALLENGES TO CONTACT</i>	375
<i>SOCIAL WORK PRACTICE</i>	376
<i>CONTACT AND CHILDREN’S PERSPECTIVES</i>	377
WHAT THE THESIS IDENTIFIES ABOUT CONTACT	377
A PRACTICE MODEL FOR CONTACT	380

# Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

<i>THE PURPOSES OF CONTACT</i>	380
<i>A RANGE OF OPTIONS FOR CONTACT</i>	381
<i>THE MODES OF CONTACT</i>	381
<i>PROMOTING A CHILD PROTECTION APPROACH</i>	383
<i>INFLUENCING SOCIAL WORK INTERVENTIONS</i>	385
<i>QUESTIONING THE ROLE OF SOCIAL WORKER AS REPRESENTING THE SERVICE USERS' VIEWS</i>	385
<i>TRAINING OF FOSTER CARERS</i>	386
<i>ADOPTING CHILD FRIENDLY METHODS OF WORKING WITH CHILDREN</i>	387
<i>THE SOCIAL WORKER AS A BROKER OF CONTACT</i>	388
<i>IMPROVING POLICY AND SERVICE DEVELOPMENT</i>	389
<i>REDUCING SOCIAL WORK TURNOVER</i>	389
<i>SAME SIBLING PLACEMENTS AND CONNECTING SIBLINGS</i>	390
CONCLUSION	390
<b>BIBLIOGRAPHY</b>	392
<b>APPENDICES</b>	418
APPENDIX I: KEY PLAYERS	419
APPENDIX II: QUESTIONNAIRE	423
APPENDIX III: PICTORIAL VIGNETTES	431
APPENDIX IV: VISUAL SPATIAL TECHNIQUES – ECOMAPS	445
APPENDIX V: INTERVIEW SCHEDULE – CHILDREN	449
APPENDIX VI: QUESTIONNAIRE – FOSTER CARERS	452
APPENDIX VII: INTERVIEW SCHEDULE – FOSTER CARERS	455
APPENDIX VIII: EXAMPLES OF ANALYSIS GRIDS	458

## List of Figures

Figure 5.1: Frequency of Children by District of Locality

Figure 5.2: Frequency of Children by Current Age at the time of the Study

(Categories 1-5)

Figure 5.3: Frequency of Children by Age when first went into care

(Categories 1-5)

Figure 5.4: Homogeneity Analysis - Legal Status by Type of Care and

Gender

Figure 5.5: Frequency of Children by Reasons for Entry into Care (Parental

Issues)

Figure 5.6: Homogeneity Analysis - Reasons for Entry into Care by Legal

Status and Type of Care

Figure 5.7: Frequency of Children by Number of Days in Care

Figure 5.8: Frequency of Children by Number of Days in Current Placement

Figure 5.9: Frequency of Children by Type of Placement

Figure 5.10: Mean Number of Days in Care by Type of Care

Figure 5.11: Mean Number of Days in Current Foster Placement by Type of

Care

Figure 5.12: Frequency of Contact with Siblings

Figure 5.13: Frequency of Contact with Mother

Figure 5.14: Frequency of Contact with Father

Figure 5.15: Frequency of Contact with Grandparents

Figure 5.16: Frequency of Contact with Aunts/Uncles

Figure 5.17: Homogeneity Analysis: Legal Status by Supervised Access

Visits by Type of Care by Primary Venue of Contact



Figure 5.18: Number of Siblings

Figure 5.19: Frequency of Other Children in Foster Placement

Figure 5.20: Homogeneity Analysis by Gender, Legal Status and Health

Figure 5.21: Correspondence Analysis: Educational Attainment by Contact  
with Father

Figure 5.22: Correspondence Analysis: Emotional Behavioural Concerns by  
Contact with Mother

Figure 7.1: Frequency of Carers by Age of Main Carer

Figure 7.2: Frequency of Children by Type of Care

Figure 7.3: Frequency of Children by Number of Days in Current Placement

Figure 7.4: Frequency of Children by Reasons for Entry into Current Foster  
Placement

Figure 7.5: Frequency of Children by Presence of Father

Figure 7.6: Frequency of Children by Whereabouts of Siblings

Figure 7.7: Frequency of Children by Contact with Family Members

Figure 7.8: Number of Children by Frequency of Contact with Siblings

Figure 7.9: Number of Children by Frequency of Contact with Mother

Figure 7.10: Frequency of Children by Mode of Contact with Siblings

Figure 7.11: Frequency of Children by Mode of Contact with Mother

## List of Tables

Table 5.1: Legal Status by Type of Care

Table 5.2: Legal Status by Type of Care by Gender

Table 5.3: Legal Status by Reasons for Entry into Care

Table 5.4: Type of Care by Reasons for Entry into Care

Table 5.5: Length of Time in Current Placement by Type of Placement

Table 5.6: Legal Status by Previous Placements

Table 5.7: Type of Care by Previous Placements

Table 5.8: Type of Care, Legal Status by Previous Placements

Table 5.9: Reasons for Last Move by Legal Status

Table 5.10: Frequencies and Percentages of Contact with Family Members

Table 5.11: Type of Care by Contact with Family of Origin (Mother)

Table 5.12: Type of Care by Contact with Family of Origin (Father)

Table 5.13: Type of Care by Contact with Family of Origin (Siblings)

Table 5.14: Type of Care by Contact with Family of Origin (Grandparents)

Table 5.15: Type of Care by Contact with Family of Origin (Aunts/Uncles)

Table 5.16: Primary Venue of Contact by Type of Care

Table 5.17: Legal Status by Supervised Access Visits

Table 5.18: Type of Care, Legal Status by Supervised Contact

Table 5.19: Type of Care by Other Children in Foster Placement

Table 5.20: Legal Status by Other Children in Foster Placement

Table 5.21: Gender by Health

Table 5.22: Legal Status by Health

Table 5.23: Contact with Family of Origin (Father) by Educational

Attainment

Table 5.24: Contact with Family of Origin (Mother) by Emotional  
Behavioural Concerns

## **CHAPTER 1**

### **AN OVERVIEW OF THE STUDY**

## Introduction

‘Contact with birth relatives is a key issue for children permanently separated from their families. It has concerned practitioners and divided researchers for many years’ (Schofield, Beek, Sargent & Thoburn, 2000, p.260).

Living away from one’s birth family is the reality faced by children residing in foster care. Though they may live away from their family of origin, contact is the ‘link’ (Millham, Bullock, Hosie & Haak, 1986) between children and their family, feeding these children with information about their roots and contributing to the enhancement of their identity amongst other things (Beek & Schofield, 2004; Department of Health and Children, 2001).

The United Nations (henceforth UN) Convention on the Rights of the Child (1989) Articles 9 and 10 highlight the theme of contact. The Convention specifies that separated children from one or both parents have the right ‘to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child’s best interests’ (p.3). In this thesis, contact is seen in a wider perspective. Contacts with siblings and the extended family are also studied.

Contact is the exact point when the two family lives, i.e. the foster family life and the birth family life, overlap for the child (Schofield *et al.* 2000). Whilst it is the child’s right to have this overlap, this same overlap does not

come without difficulties (Baker, 2006). Children may nourish feelings of split loyalties (Schofield & Beek, 2006) and contact may help or hinder the children's thoughts and acceptance of belonging to two families (Fahlberg, 1994).

### **The Maltese Context**

This study is carried out within the Republic of Malta. The Republic of Malta is an archipelago in the Mediterranean Sea with a total population of 413,609 (DOI, 2010). The main island is Malta and Gozo is the second largest island. The total area covered by the Maltese islands is 316 sq km. Malta is one of the smallest states in the world. Malta gained its independence from Great Britain in 1964 and in 2004 became a full member of the European Union. In 2008, Malta joined the Eurozone, as a result its current currency is the Euro.

The majority of the Maltese population practises Roman Catholicism. This religion has influenced the Maltese culture. The significance of this religion is evidenced within the local education and social sectors. A number of church schools educate young boys and girls in line with the Roman Catholic principles. Furthermore, the Church has been very significant in providing residential services to disadvantaged children and adults (see Chapter 3). Another area where the Church has had strongly held support was the refusal, for a number of years, to introduce divorce within the Maltese legal system. Recently it has become apparent that the Church's

influence has been on the decline. An indication of this decline was the introduction of divorce during 2011.

In Malta, most of the marriages are between Maltese. Most marriages take place in church. Mixed marriages with other nationals also occur. Mixed marriages are the result of the tourism industry, the migration of European nationals from European Union countries and illegal immigration from African countries. Families with different ethnic backgrounds are still the minority but over time they have been growing in numbers.

In the Maltese Islands, the extended family is still very important. Its importance is evident in the care of the elderly and young children. Families are the main source of support and their support is not only financial but also on social and emotional levels. Elderly are cared for by their children and grandparents, aunts and uncles are very present in raising their grandchildren, nephews and nieces. Changes in family support are also being noticed. This is mostly due to women's participation in the labour market. Eventually working women will be less available to care for their parents and their nephews and nieces.

### **Objectives of the Thesis**

This thesis sets out to investigate contact arrangements between fostered children and their families of origin in the Maltese Islands. It not only studies contact experiences between the children and their birth parents but also investigates contact with siblings and the extended family. Before

studying the contact experiences of children, a map of children residing in the Maltese foster care system is provided.

As a result, this thesis has been developed on the basis of different objectives. A lack of documented evidence describing fostering developments within the Maltese Islands gave rise to the **first objective** of this thesis. The first objective is a **historical review of the Maltese fostering system from the turn of the twentieth century**. It provides the necessary background to the contemporary contact experiences of Maltese fostered children. Different local documents are reviewed and interviews with key players are also conducted. (For more detail about the interviews see Appendix I: Key Players.)

Apart from the absence of evidence recording the developments of the Maltese fostering system, local research lacks baseline data about children residing in foster care. The absence of baseline data contributed to the **second objective**, which is to create a **map of children and their foster care experiences**. A survey of social work case files is carried out and quantitative methodology is used to study and develop a profile of Maltese children in foster care.

The **third objective** of the thesis has been developed in response to findings from the mapping exercise and takes a **child centred approach to a study of their contact experiences**. A key principle underpinning this study is that children are the main informants about their contact experiences with



their birth families. Research also identifies foster carers as important informants (Beek & Schofield, 2004). In this thesis their views are also studied.

The three objectives of the thesis are distinct but complementary. They provide a background, which is a historical account of the Maltese foster care developments, a picture of the Maltese fostered children and their care experiences and an in-depth analysis of the contact arrangements between fostered children and the family of origin. Keeping connected to one's family of origin is the main thrust of contact experiences which will be highlighted in this thesis.

### **Structure of Thesis and Overview of Chapters**

This thesis is presented in eleven chapters. The following is a brief account of what is found in these chapters.

#### ***Overview and Research Questions***

Chapter 1 provides an introduction to the theme of contact. Contact between fostered children and the family of origin is explained. It also draws out the objectives of this thesis. Each objective stands on its own but is also linked to the others. The main objective of the thesis is to explore the contact experiences of children with their family of origin. As a result this thesis seeks to answer the following research questions:

- 1. Who are the children in the Maltese foster care?**
- 2. From the family of origin, with whom are fostered children most likely to be in contact?**
- 3. What are foster carers' views about contact?**
- 4. What are children's views and contact experiences with the family of origin?**
- 5. What are fostered children's wishes about contact with their family of origin?**

### ***Literature Review***

The theme of this thesis is the contact experience between children and their family of origin. In line with this theme, Chapter 2 discusses the literature and research available about fostered children and contact arrangements with their family of origin. As will be reported, the study of contact has been scrutinised by a number of researchers in the United Kingdom (henceforth UK), as well as from other countries (see Quinton, Rushton, Dance & Mayes, 1997; Ryburn, 1999; Quinton, Selwyn, Rushton & Dance, 1999). Studies have defined contact and explained its importance in relation to children's experiences and welfare. Research also reports that contact is not a problem free zone (Sinclair, 2005) and challenges to contact, amongst them social work practice and foster carers' views, feature strongly. Finally, the literature also focuses on the nature and impact of contact arrangements. Contact arrangements consist of different elements, namely frequency of contact, mode of contact, contact persons, venue and supervision of contact.

### ***Developments of the Foster Care System***

Chapter 3 reports on the developments of the foster care system within the Maltese Islands. The formal recognition of foster care is a recent event within the Maltese Islands and has been sealed following the introduction of the *Foster Care Act* in late 2007. This chapter gives a historical account of fostering developments. Significantly it provides the relevant background in which contemporary contact arrangements originate.

### ***Research Methodology and Findings***

Chapter 4 explains the research methodologies adopted in this thesis. A mixed methods approach has been selected and methodological triangulation is a feature (Denzin & Lincoln, 1994). Following the example of other studies in the area, a survey of the children's social work case files was conducted (see Cleaver, 2000; Farmer, Moyers & Lipscombe, 2004). This quantitative methodology is used to collect data about the Maltese cohort of children residing in foster care. Quantitative analysis was carried out to map the children's care careers.

The study of contact arrangements was conducted by means of different qualitative methods but there is also limited inclusion of quantitative analysis. Data collection with children and foster carers was undertaken. Children's involvement in research has been considered in terms of a participatory approach (Holland, Ronald, Ross & Hillman, 2010). Children are seen as active agents and their participation crucial to the understanding of the phenomenon of contact arrangements.

Different methods were used in data collection with children, amongst them pictorial vignettes, visual spatial techniques (ecomaps) and face-to-face interviews. These methods have been selected by other researchers, amongst them Brannen, Heptinstall, & Bhopal (2000) and Aldgate & McIntosh (2006). A brief questionnaire was administered to foster carers. An interview was also carried out with foster carers.

The findings and the discussion of the survey of social work case files are reported in Chapter 5 and Chapter 6. Chapter 5 reports demographic information about children but also delves into the care careers of children and contact arrangements of fostered children with their family of origin (see Overview and Research Questions 1 and 2). The discussion (see Chapter 6) provides an interpretation of these findings in line with both the research literature (see Chapter 2) and fostering developments in Malta (see Chapter 3).

The intensive study of the Maltese foster children's contact experiences is presented in four chapters: Chapters 7 to 10. These chapters answer research questions 3 to 5 (see Overview and Research Questions).

Chapter 7 is the introduction of an intensive study of contact. A picture of the child participants of the intensive study and their representativeness to the survey's cohort of children is drawn. Children's care careers, findings about the main carers, the family of origin and the contact arrangements are provided and discussed. Chapter 8 presents and discusses foster carers'

views about contact arrangements (see Research Question 3). It also reports their experiences in managing contact. Chapter 9 focuses on children's views about contact (see Research Question 4). In response to pictorial vignettes, children express their views about contact with siblings, parents and the extended family. Children also discuss the role of social workers in facilitating contact.

Chapter 10 reports children's contact experiences and focuses on children's wishes (see Research Questions 4 and 5). In response to the use of visual spatial techniques, children give an account of their contact experiences with siblings and other family members amongst them their mother. They also report their wishes about contact. Children provide an evaluation of the contact arrangements and how contact arrangements can improve. Their views about contact preparation and their involvement in contact arrangements and decisions about contact are also reported and discussed. Social work practices related to contact generate different views, which the chapter also discusses.

### ***Conclusions and Recommendations for Policy and Practice***

The final part of the thesis (Chapter 11) draws out the implications of the study for policy and practice. This chapter reflects on the findings of the thesis and presents a model of contact which addresses many of the issues raised during the study. It is clear that contact can be further promoted to contribute ultimately to improvements in fostered children's sense of identity and to their wellbeing.

### **Strengths and Limitations of the Study**

This thesis draws on both quantitative and qualitative methods. The study does not only rely on the survey of social work case records. Different qualitative techniques, which tap into children's views, are also adopted. Pictorial vignettes and visual spatial techniques (ecomaps) are amongst the data collection methods. The topic of contact generates myriad emotions from children. All data collection methods used, therefore, approach the study of contact arrangements sensitively, which is one of the strengths of this study.

Children's views are considered significant to the study of contact arrangements. This study gains access sensitively to first hand information from the main informants and overcomes the criticism that very often research ignores what children have to say about contact arrangements (Quinton *et al.* 1997). In addition to children's views, foster carers' views about contact are included. They are key players in the management of contact arrangements and their views are significant, as other research, such that by Waterhouse (1999), has shown.

This thesis went to considerable lengths to acquire and present a picture of the development of fostering within the Maltese Islands. This is very important particularly in a context where there is a lack of historical evidence. Moreover, this is the first study within the Maltese Islands, which reports baseline data about children residing in foster care. As a result, this research will become a valuable reference point for future research and

policy development in Malta. A study of contemporary contact arrangements of fostered children with their family of origin in Malta would be incomplete without the context provided by a historical account of Maltese fostering developments and a picture of the care careers of Maltese fostered children.

There are inevitably limitations to this study which highlight the need for further research in this area. A limitation of the study is the absence of birth families' perspectives about contact. Birth parents, siblings and extended family members are not interviewed. Social workers' viewpoints have also been hardly touched. Social work case files are analysed and social workers were only asked to explain issues related to case files but no formal interviews were conducted with them. Finally, this study does not tell us anything specifically about disabled fostered children and their contact experiences (Baker, 2006), nor does it focus on the growing issues of refugee and asylum seeking children and the hurdles to contact which they experience.

## **Conclusion**

This chapter has presented the theme of contact and the main objectives of this thesis. It has highlighted the structure of the thesis and the research questions which have guided this study. An overview of the thesis has also been provided. Finally, this chapter concludes by identifying some of the strengths and limitations of the study. A thorough literature review of the

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

research on fostered children's contact with their family of origin follows in the next chapter.



## **CHAPTER 2**

# **FOSTERED CHILDREN'S CONTACT WITH THE FAMILY OF ORIGIN: A REVIEW OF THE LITERATURE**

## Introduction

Throughout the years, the study of contact or 'maintaining links' (Millham *et al.* 1986) between children and the family of origin has gained increasing importance. Contact or 'maintaining links' with family members has been characterised by studies focusing on looked after children including children in foster care, children of divorced parents and adopted children (see Cleaver, 2000; Courtney, 2000; Schofield *et al.* 2000; Sinclair, Wilson & Gibbs; 2000; Triseliotis, Borland & Hill, 2000; Sykes, 2001; Argent, 2002; Neil, 2002; Neil & Howe, 2004; Rushton, 2004; Aldgate & McIntosh, 2006; Mapp & Steinberg, 2007; Owusu-Bempah, 2000, 2007 & 2010). These studies focused on children separated from some or all of their birth family members. While it is recognised there are issues about the impact of contact shared between children in foster care and those who are living away from one parent through parental separation or who are in kinship care, it is beyond the scope of the study to look at all these aspects of contact and so this study focuses solely on children in foster care and their contact experiences.

As research about contact has developed, it has been scrutinised (see Quinton *et al.* 1997; Ryburn, 1999; Quinton *et al.* 1999 & McWey, 2000). The challenge of research has been to capture and dissect the effects of contact on separated children's welfare (Aldgate & Statham, 2001). Research studies have argued that contact can lead to different outcomes for children. Positive outcomes for children include the prevention of placement breakdowns, reunification with the family of origin and children's wellbeing,

attachment development and identity formation (Weinstein, 1960; Berridge & Cleaver, 1987; Farmer & Parker, 1991; Ryburn, 1999). However, Quinton *et al.* (1997) have challenged the view that contact is always positive. Despite the benefits for children, contact is not a problem free zone. For example, Cleaver (2000) has pointed out that in some cases 'maintaining links' between the children and the birth family may be counterproductive.

Different aspects of contact have been researched including the frequency of contact, the mode of contact, that is, whether contact occurred by face-to-face meetings or by other modes; who the children had contact with, the suitability of contact venue and whether contact occurred under supervision (see Cleaver, 1999 & 2000; Schofield *et al.* 2000; Walker, Hill & Triseliotis; 2002; Sinclair, Gibbs & Wilson, 2004a). From the very beginning, studies were interested in understanding how contact works and who poses restrictions on contact arrangements (see Rowe, Hundelby & Keane, 1984; Millham *et al.* 1986). These issues will be discussed later in the chapter, which outlines the pertinent research studies addressing contact arrangements between children in foster care and the family of origin.

### **What is contact?**

Different definitions of contact exist. For example Argent (2004) defines contact as the experience of 'keeping in touch' while Millham *et al.* (1986) define it as 'maintaining links' between family members. Studies have often explored the theme of contact about looked after children or children

separated from one or both parents (see Millham *et al.* 1986; Backe-Hansen, 1994; Biehal, 2007; Owusu-Bempah, 2007). The experience of separation from one of the parents, as in the case of children of divorced or separated parents (see Owusu-Bempah, 2007), or separation from the family of origin, as in the case of looked after children and adopted children, generated studies which not only explored contact but also defined contact (examples: Cleaver, 2000; Neil, Beek & Schofield, 2003; Farmer *et al.* 2004, Owusu-Bempah, 2010).

Within the broad definition of contact there are variations. The most common usage of contact is when it is direct or face-to-face (Cleaver, 1999). In these circumstances contact has been explained as a physical experience resulting when separated family members meet. Other modes of contact described as direct have been reported (Argent, 2004). For example, the exchange of letters, photographs, postcards, presents, greeting cards, emails, text messages, video recording and telephone calls have all been identified as other modes of keeping connected to one's family (Argent, 2004; Aldgate, Blewett & Rose, 2008). What the different forms of direct contact have in common is that they occur through physical connections (see BAAF *Contact in Permanent Placement, Guidance for Local Authorities in England & Wales and Scotland*, 1999; Cleaver, 2000).

Apart from face-to-face contact and the other direct forms of contact, there are indirect forms of contact (see BAAF *Contact in Permanent Placement, Guidance for Local Authorities in England & Wales and Scotland*, 1999).

Argent (2004) for example has identified 'letter box contact' when social workers act as liaison persons between children and their family members.

Another form of contact noted by Argent (2004) is 'keeping people in mind'. Cleaver (2000) defines this as a 'cognitive' manifestation of contact. According to Cleaver's study, children had special ways and occasions when to remember their family members. The opportunity to talk freely about family members with foster carers and other significant persons gave rise to the manifestation of this cognitive contact experience. McAuley (1996) stressed how important this was for children.

A significant new theory related to indirect contact and its cognitive aspects is the theory developed by Owusu-Bempah (1995) of socio-genealogical connectedness. This is of special relevance to children in foster care who do not see their families. Owusu-Bempah (2007) notes that:

the notion of socio-genealogical connectedness endorses the idea that a person's history is an important factor in their psychological make-up. It postulates nonetheless, that this history or biography must not be conceived as starting or ending with one's biological parents (p. 24).

The theory identifies contact beyond the physical connections. Children can develop a sense of self in the absence of proximal relations but through acquired knowledge. Acquired knowledge of family is significant in

building identity. Socio-genealogical connectedness has widened perspectives on contact. Contact can be represented by knowledge acquired, which has been cognitively internalised and analysed. 'Socio-genealogical knowledge, the amount or quality of it, does not have to be provided directly by the parents themselves' (Owusu-Bempah, 2007, p. 23). Children who are in possession of favourable knowledge about their family including parents develop 'a deep sense of connectedness' (p. 23). As a result the theory proposes that these children are 'better adjusted' particularly if they are in kinship care (Owusu-Bempah, 2010).

### **Why is contact important?**

This section reviews some of the main aspects of contact that have been discussed in both research and literature. It focuses on specific areas, which have been identified as having special significance: placement breakdowns; reunification with the family of origin; wellbeing; attachment and identity.

Articles 9 and 10 of the UN Convention on the Rights of the Child (1989) emphasise the importance of contact. The Convention outlines that 'state parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests' (Part I, Article 9). It stresses the benefits of contact for children's welfare.

The Guidance for Local Authorities in England and Wales and Scotland (1999), published by the British Association for Adoption and Fostering

(henceforth BAAF), notes that contact has several important functions. Contact is important because through this link children acquire a 'realistic understanding of the circumstances leading to separation' (BAAF, 1999, p. 4). BAAF asserts that: contact also helps children in grieving the loss resulting from separation but also encourages the development of new attachments with the 'blessing' of their birth parents. As a result of contact, children are also reassured that the birth family cares for them and their self-esteem is enhanced. When continuity and connections with the birth family are made, stability in placement is secured and placement breakdown prevented. Children are also reassured about the wellbeing of birth family members, particularly siblings. Contact provides access to knowledge about their own and their family history and so contributes to socio-genealogical connectedness. Contact is important because it facilitates communication between family members. Finally it further enhances future contact which may be by other modes of contact (BAAF, 1999).

Hess & Proch (1993) support the view that contact is important as it maintains family relationships. Contact with maternal grandparents was reported to be particularly beneficial for young adolescents (Farmer *et al.* 2004; Moyers *et al.* 2006). Such contact improved the relationships between children and foster carers and contributed to successful placements. Other studies (see Marsh & Peel, 1999; Cleaver, 2000) reported that contact with extended family members contributed to stability of placement and continuity. Such relationships also supported children and helped to counteract troubled relationships with their parents.

Quinton *et al.* (1998) found an association between siblings being in same placement and positive outcomes for the placement. In spite of this, less attention has been given by policy, research and practice (see Rushton *et al.* 2001) to the subject of contact with siblings. Available research reports mixed findings and that contact with siblings is not always positive. For example, Quinton *et al.* (1998) identified that in some cases contact with siblings was undesirable as it brought children in touch with unwanted contacts and lifestyles. By contrast another study recorded that contact with siblings could be a source of self-esteem and security and children could also acquire a shared identity (Schofield & Beek, 2006). So contact with siblings in some cases generated positive results whilst in others yielded negative outcomes and gave rise to problems.

Hess & Proch (1993) suggest that contact can be important in being able to assess parental skills. Jolly (1994) has also suggested that contact can be used to assess parents' capacities to prepare children to return home. Waterhouse (1999) found that when improved parental skills had been acquired while their children were in foster care, parents were better prepared to care safely and effectively for their children on their return home.

Cleaver (2000) and Farmer *et al.* (2004) suggest that contact may offer an opportunity for therapeutic work for children. In cases where children had suffered rejections, contact was identified as a therapeutic opportunity for children. The potential for therapeutic work as a result of contact



arrangements was also identified in a recent study carried out by Mapp & Steinberg (2007). In this study, a letter sent by a mother to her son was used therapeutically by the therapist to assist a boy in working through his sense of guilt, the same guilt he had felt for the last ten years following his admission to foster care. Jolly (1994) identified that through contact continuity, children could be supported in their anxieties related to rejection and change, and an enhancement of the child's sense of identity could be recorded.

There is a caveat to maintaining contact in all circumstances. The York studies (see Sinclair *et al.* 2000; Sinclair *et al.* 2004a & b) have concluded that it is important to protect children from abuse. In cases of abuse, prohibiting contact was found to have led to better outcomes for children. In some cases of previously abused children who had no restrictions on family contact, children were found to suffer re-abuse during contact and on their return home (Sinclair *et al.* 2004a). Sinclair *et al.* (2000) report that:

forbidding contact between child and particular individuals can have a good effect on outcomes. It is likely that the effect is strongest when the child has been abused. It may even be restricted to such cases (p.191).

Earlier studies saw contact as central to the process of children returning home (see Fanshel & Shinn, 1978; Rowe & Lambert, 1976; Aldgate, 1980; Millham *et al.* 1986; Berridge & Cleaver, 1987). Cleaver (2000) has

endorsed this view in her later study. Contact was likely not only to improve children's relationships with their parents but also facilitate their return home. This has, however, been challenged in more recent studies (see below).

### **Placement Breakdowns and Reunification with the Family of Origin**

As suggested above, two important features of contact are its impact on preventing placement breakdowns and facilitating reunification with family.

#### ***Placement Breakdowns***

Early studies (see Berridge & Cleaver, 1987; Triseliotis, 1989) reported that contact with the birth family was significant as it prevented placement breakdown. Later studies have questioned these findings. Quinton *et al.* (1997) argued that previous placement breakdown was the best predictor of future breakdown and found no differences in breakdown rates between those who had frequent contact and those who had little contact. By contrast, Ryburn (1999) questioned Quinton's position, arguing that contact with a member of the family was important as it contributed to placement stability. In response to this argument, Quinton *et al.* (1999) counteracted that 'the study did not provide the evidence of contact for good or ill ....' (p. 528).

In her later study published in 2000, Cleaver added to the debate about the influence of contact on preventing breakdown, contrasting her later work with the study she and Berridge had carried out in 1987 supporting the connection between contact and prevention of breakdown (Berridge &

Cleaver, 1987). Cleaver (2000) did not find contact to be the variable which played a significant role in preventing placement breakdown.

Macaskill has also cast doubt on the association between contact and stability, reporting in her study on permanent placements that in some cases contact led to placement disruptions or undermined the stability of placement (Macaskill, 2002). Farmer *et al.* (2004) also offer findings for the research debate about stability and contact. These authors reported that 'detrimental contact' was associated with lack of beneficial placements. Contact difficulties predicted later placements breakdowns (see Moyers *et al.* 2006).

### ***Reunification with the Family of Origin***

As suggested earlier, views on the impact of contact on reunification have changed over the last two decades. Fanshel & Shinn (1978) in their work *Children in Foster Care* had reported that contact was the key requisite for children's return to the birth family home. Another early study carried out by Rowe & Lambert (1976) identified the importance of contact in facilitating children's reunification with their birth family.

Other studies have suggested that contact is only one of the predictors of children's successful reunification. For example, Farmer & Parker (1991) found that contact was associated with reunification but not necessarily the primary cause of children's reunification. They identified the social worker's case planning as the more significant factor in reunification.

Similarly Millham *et al.* (1985) also found that contact was a significant variable but it was not singly identified as the only variable influencing reunification with the family of origin:

the maintenance of links between the natural family and the child should be given high priority by social workers as it is necessary, although not a sufficient, condition for a child's exit from care and return home (p.14).

This view has also been endorsed by Quinton *et al.* (1997). Differently from Fanshel & Shinn (1978), Quinton and colleagues (1997) reported that contact was one of several variables predicting return to the family home. Similarly in her analysis of the effect of contact on family reunification, Biehal (2007) argued that 'it is hard to find any clear evidence that it is contact per se that brings about reunification' (p. 814). According to this author, contact 'played a part in increasing the likelihood of reunification' but other factors led to reunification.

Several studies have suggested that there is an association between children's return home and the frequency of contact. An American study carried out by Lawder, Paulin & Andrews (1986) argued that the strongest predictor for a child's return home was the frequency of family member visitation. Sinclair *et al.* (2004 a & b) questioned this. They found that a significant number of adolescents had weekly contact with parents but a small percentage (15% out of 44%) of this number returned home.

Sinclair (2005) proposed that the frequency of contact was strongly associated with return home but reunification with the family of origin was, however, only possible when other conditions were in place, such as when relationships between the child and the mother were good and reunification was a planned endeavour (Sinclair *et al.* 2004a & b). Successful return home was predicted when it was a shared wish between the child and the parent. Frequency of contact was also related to this wish. Schofield & Beek (2006) argued that the quality of contact arrangements was an important factor in reunification. Contact arrangements should provide a sense of continuity and a therapeutic environment to facilitate the child's return to the birth family. Mapp & Steinberg (2007) endorse this view. They found that contact arrangements were significant and provided the opportunity to develop and maintain relationships. They identified this connection with birth families as beneficial for children. Therefore contact was to be seen not in terms of reunification but in terms of the children's development.

Although the causal relationship between contact with children and their return home is up for debate, researchers seem to agree that contact is important for children. Sinclair (2005), for example, found that contact helped parents give their permission to foster carers to parent their children. Sinclair (2005) further elaborated this by asserting that through contact children kept a realistic view about the family. Furthermore, contact was reported as significant as it contributed to the development of the child's identity. Keeping connected with family members meant that when children grew older they had a resource available to them (Sinclair, 2005).

As the above discussion has shown, the relationship between contact and reunification is complex. It may be too simplistic to suggest that contact with parents automatically leads to return home. Other factors will need to be considered.

### **Child Development: Wellbeing, Attachment, Identity and Contact**

.... there are different interwoven areas of development, each of which contributes to the development of the whole child (Aldgate, 2006, p.20).

Aldgate argues that child development is influenced by different facets of the child's ecology (see Aldgate & Jones, 2006). The literature about contact arrangements between children and the birth family does not focus on all areas of development but taps into certain aspects: wellbeing, attachment and identity. Contact is seen as important in its contribution to the child's wellbeing, attachment and identity development.

#### ***Wellbeing***

There are many definitions of wellbeing (Aldgate & McIntosh, 2006b). For the purpose of this study, definitions of wellbeing are related particularly to children in foster care. These definitions look at children's inner sense of self as well as emotional behavioural problems associated with lack of wellbeing.

In an early American study carried out by Weinstein (1960), a statistically significant association was reported between frequent natural parent contact

and the foster child's high scores on present and future 'wellbeing scales'. Jenkins (1969) found that no parental contact led to 57% of children aged one and a half years at placement expressing disturbed behaviours (Jenkins, 1969, as cited in Triseliotis *et al.* 2000). Trasler (1960) reported that less contact led to lack of knowledge about one's family. This gave rise to 'severe anxiety' often expressed in children's behaviour. Holman (1973) found that less contact meant higher incidence of emotional and physical symptoms. On the other hand, Thorpe (1974) (as cited in Triseliotis *et al.* 2000) reported that satisfactory adjustment was found in 11 to 13 year olds who had contact with birth parents.

Other researchers have also explored the relationship between children's emotional and behavioural problems and contact. Fanshel and Shinn (1978) recorded that parental contact had no relation to children's emotional and behavioural problems. However, Holman (1980) noted that infrequent contact was associated with emotional and behavioural difficulties in the relationship children had with their foster carers. The uncertainty created by infrequent contact was identified as the problem. The author postulated that no contact at all was better than infrequent contact. In a later study carried out by Cantos, Gries, & Slis (1997) children who had parental contact had fewer behaviour problem scores on the Child Behaviour Checklist.

A further aspect of wellbeing is related to the importance of a child's knowledge about their family of origin, discussed earlier in the chapter (see Section: What is contact?). Triseliotis (1980) argued that knowledge held by

the child about their family of origin and the circumstances which had led to their being fostering contributed to feelings of wellbeing and better adjustment. The cognitive element of contact (Cleaver, 2000), that is knowledge held about family, was identified as making a contribution to positive outcomes for children. The most substantive work in this area has been carried out by Owusu-Bempah (Owusu-Bempah, 1995, 2000, 2006, 2007, 2010 and Owusu- Bempah & Howitt, 1997). In his work *Children and Separation*, Owusu-Bempah (2007) argued that positive knowledge about one's family and not necessarily one's parents contributes to psychological wellbeing (see Section: What is contact? ).

Other researchers have reported that the reliability of contact is important. For example, Triseliotis *et al.* (2000) and Cleaver (1999) reported that when parents missed appointments and were unpredictable, children felt anxious and disappointed. Although contact may be associated with behavioural problems, Fanshel and Shinn (1978) found that there was no evidence of a relationship between contact and intellectual development. Similarly, in their study, Aldgate *et al.* (1992) found no relationship between contact and educational attainment.

### ***Attachment***

A vast body of literature on attachment and childhood separation (see for example Bowlby, 1969 & 1973; Fahlberg, 1994; Cassidy & Shaver, 1999; Cairns, 2002; Schofield & Beek, 2006) is available. Although the theme of the attachment of children in out-of-home care has been increasingly



discussed (McWey, 2000 & Owusu Bempah, 2010), research which focuses on attachment and contact experiences in foster care has been limited and inconclusive (McWey, 2000). McWey (2000) argues that 'the questions regarding the implications of foster carer visitation and attachment continuation surprisingly remain unanswered' (p.103).

In spite of this lack of conclusive knowledge, children's attachment to significant adults is important in informing plans for contact (Hess, 1988 and BAAF, 1999). Schofield & Beek (2006) argue that 'comfort or fear that may be associated with contact experience for the child and for the foster carers ... and birth relative' (p.397) should be seen in the context of attachment theory.

According to children's established attachment patterns, contact can either reinforce a sense of rejection and loss, or therapeutically heal the child (see Penzerro & Lein, 1995; Cairns, 2004; Schofield & Beek, 2006). It is, however, believed that this theory does not provide a complete explanation of contact and outcomes for children living in out-of home care (see Owusu-Bempah, 2010).

### ***Identity***

Identity, like wellbeing, is an area where there is no precise definition. The Framework for Assessing Children in Need and their Families (Department of Health *et al.* 2000) defines identity as:

Concerns the child's growing sense of self as a separate and valued person. *Includes* the child's view of self and abilities, self image and self esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups (Department of Health *et al.* 2000, p. 19).

The theme of identity development in children living away from their birth families originally captured the interest of researchers in the area of adoption. Central to the idea of identity is socio-genealogical connectedness, already discussed in previous sections (see Sections: What is Contact? and Wellbeing). In 1973, Triseliotis argued that positive identity and sense of self were linked to access to genealogical information and background information about members of the family of origin. Owusu-Bempah (2007 & 2010) discussed socio-genealogical knowledge and how this information played a major role in the child's overall development and adjustment. The author saw this type of knowledge as significant to the development of identity in relation to foster children and has concluded that 'socio-genealogical connectedness would hypothesise that a lack of sense of connectedness may result in identity-problems' (Owusu-Bempah, 2006, p.116).

Looking at children in foster care, Millham *et al.* (1986), Fletcher (1993) and McAuley (1996) reported that children wished to have a sense of

belonging; children yearned to see their birth parents and to have access to information about their family life. Millham *et al.* (1985) argued that contact relates to the psychological dimension of belonging. They found that children needed to belong and to build their identity, and contact visits provided this opportunity. McDonald, Allen, Westerfelt & Piliavin (1996) argued that contact with the birth family was associated with a great feeling of closeness and identification with a child's biological family. Jolly (1994) suggested contact is related to continuity. He argues that continuity to one's past helps children to position themselves and gain a more complete sense of self. On the other hand, if foster carers adopted a deterrence approach, which implies a clean break from the child's past, there is a risk of a child experiencing isolation and a lack of identity.

If adolescents in foster care have lost contact, there is evidence from Thoburn *et al.* (2000) to suggest that they will seek to re-establish contact with their birth family and that they have a desire to gain information about their origin and roots. Thoburn and colleagues considered that contact was a psychological necessity, which quenched the adolescents' thirst for knowledge about their roots and thus their identity.

Another study carried out by Harris & Lindsey (2002) reported that the child's maintenance of links with the birth family was *sine qua non* to identity development. Beek & Schofield (2004) endorse this by reporting that:

When efforts had been made to create positive contact meetings, children could experience the best aspects of their birth families and their sense of positive birth family identity was enhanced (p. 233).

As a result of positive contact meetings, children felt comfortable in belonging to two families i.e. birth and foster and, consequently, no dilemmas arose about loyalty. In addition, the birth family identity was enhanced.

Furthermore, Schofield & Beek, (2006) added that contact with siblings also contributed to the development of identity. Contact with siblings was identified as a source of self-esteem and security. In this manner children acquired a shared identity (Schofield & Beek, 2006). It has been suggested that the venue where contact takes place can be linked with the strengthening of identity. Cleaver (2000) reported that, when contact occurred within the family home, it gave children a stronger sense of what was happening within their family and supported their identity development.

### **Challenges to Maintaining Contact**

Different studies have identified challenges to contact such as social work activities and foster carers' views. Challenges to contact were presented as determining factors which influenced the maintenance of 'links' between children and their birth family. Millham and colleagues (1986) have classified challenges to maintaining contact into *specific* and *non-specific*

*restrictions*. Their study threw light on how maintaining the links between children and their birth families was affected by these restrictions.

### ***Social Work Activities***

One of the most important specific barriers identified is social work activities. To some extent the findings can be divided into prior to and after the *Children Act 1989*. One issue prior to 1989 was the discouragement of parents from maintaining contact. Rowe *et al.* (1984) reported that, when the birth families expressed the wish to maintain contact with their children, they were discouraged by social workers and carers on the grounds of allowing the children to settle into their placement. Efforts to establish contact at a later stage were also discouraged. In Norway, Backe-Hansen (1994) also reported that to give children a 'fresh start' was considered the appropriate strategy.

According to Millham *et al.* (1986), social workers were complicit in preventing contact and this was built into care plans. Restrictions occurred when social workers thought that a particular person would be harmful to the child or would disrupt the foster placement. Sometimes the restrictions put upon contact resulted in the rejection of contact by both the child and the birth family which did not decrease over time (Millham *et al.* 1986).

Studies post 1989 reported some changes in practice. The *Children Act 1989* recognised and addressed the specific restrictions, that is, the formal barriers that prevented contact. Following the *Children Act 1989*, there was a

presumption that reasonable contact will take place between children in foster care and parents unless prohibited by a contact order (see Cleaver, 2000; Sinclair, 2005).

In 1999, Cleaver reported that the social workers were going 'to considerable trouble to ensure that children's views were heard and much emphasis was placed on involving children in decisions which concerned them' (p. 255). Beek & Schofield (2004) also found that, as children grew older, they became the decision takers and it was they who decided about contact arrangements and whether to meet the family of origin or not. These studies showed a change in social work practice. Not only were children consulted, social workers no longer placed restrictions but actively sought to ensure that regular contact with parents was maintained. 'Social workers go to considerable lengths..... even in cases where children are not expected to return home quickly' (Cleaver, 1999, p. 260).

When the foster carers were asked about social work practice, foster carers reiterated that practice varied. According to the foster carers, some social workers prepared children and ensured proper handing over to foster carers, after contact visits. In other situations, this was not the case (Schofield *et al.* 2000). In a different study, foster carers also reported that they did not see themselves as involved in contact arrangements. Child care plans were perceived as changing depending on the social worker's philosophy and whether the social worker saw the child or the parent as the client (Waterhouse, 1999).

### *Foster Carers' Views*

Millham *et al.* (1986) suggest that there are a variety of non-specific restrictions alongside more formal barriers and these were described as 'limitations inherent in the separation and placements' (p. 157). These indirect prohibitions were not related to the birth family's behaviour. Non-specific restrictions were primarily manifested by foster carers' negative attitudes towards the birth parents, lack of priority by the foster carers to keeping contact with the birth family, and the foster carers' fear of role conflict (Millham *et al.* 1986; Cleaver, 1999).

Waterhouse (1999) concluded that various additional pressures were placed on foster carers as a result of the *Children Act 1989*. Studies carried out at the end of the 1990s showed that contact arrangements were so frequent that they were perceived as an added pressure for foster carers and became a dominating experience for children in care (Waterhouse, 1999). Waterhouse (1999) reported that, in general, foster carers expressed ambivalent views towards contact. Parental contact was seen as a 'complicating factor in placements' (Waterhouse, 1999, p.217). On the other hand, when foster carers had a good rapport with parents and the children were happy, foster carers were in agreement with contact.

The ambivalence towards birth parents has been captured in several studies. Sinclair *et al.* (2000) pointed out that 30% of the carers had mixed views, feeling both satisfied and dissatisfied with the contact arrangements between the child and the birth family. By contrast, Triseliotis *et al.* (2000) reported

that, while the majority of foster carers wanted to work with parents and recognised the importance of continuing contact between children and their birth parents, nonetheless negative attitudes were also harboured. The studies also reported negative effects of contact on foster carers and dissatisfaction with contact arrangements (Sinclair *et al.* 2000; Farmer *et al.* 2004 & Triseliotis *et al.* 2000).

Several studies offer an explanation for such ambivalence. Waterhouse (1999) reported that when foster carers were not well prepared for contact and were also required to supervise contact, they were most likely to be dissatisfied. Additionally, foster carers did not favour contact when they had disagreements about discipline with the birth parents or when the parents had difficult personalities (Waterhouse, 1999). Similarly Triseliotis *et al.* (2000) reported that foster carers expressed negative attitudes when the parents disrupted the foster family routines (Triseliotis *et al.* 2000). Foster carers were also influenced by the experiences that had brought children into foster care. They expressed unfavourable views about parents when children had been abused or neglected (Waterhouse, 1999).

The polarisation of positive and negative attitudes of carers was captured by Holman (1980) who proposed that there were two types of foster families: the *exclusive* and the *inclusive* family. The *exclusive* foster families wanted to integrate the children into their own family with minimal if any involvement of the birth family. On the other hand, the *inclusive* foster families favoured contact with birth parents and wanted children to have



access to background knowledge about themselves. According to Holman (1980) *inclusive* fostering tended to be more successful. When birth families and foster carers did not get along, the children experienced anxiety, a finding also reported by others (example Schofield *et al.* 2000). McAuley (1996), for example, also reported that children who did not feel they had permission from foster carers to have contact with the birth family were 'sad' and 'angry'. As discussed earlier, this affected the children's wellbeing (see Section: Wellbeing).

On the other hand, some studies have shown that foster carers can play a significant role in helping children express their feelings about family members and in supporting contact with the birth family (Beek & Schofield, 2004; Cairns, 2004). According to Beek & Schofield (2004), foster carers who felt positive about children's family members including parents, promoted contact and children had 'flexible arrangements in which the children could move comfortably between the two families' (p. 229). Foster carers' acceptance of the birth family led to the promotion of contact with the birth family. Even in the face of adversity, these carers came up with creative ways of how the child could reap maximum benefit of contact situations with parents (Beek & Schofield, 2004).

By contrast, when carers did not give children the opportunity to express their concerns about their family's behaviour and when foster carers held unfavourable views about the biological family, carers were less likely to 'promote beneficial contact' and to prevent 'potentially harmful' contact

(Beek & Schofield, 2004). In these situations children were forced to choose between the parent or parents and the carers. Jolly (1994) described this attitude as a factor that might lead to disruption of the placement. He suggested that foster carers in some circumstances put pressure on children to choose them as the 'social parent' and to negate their family of origin. In the foster carers' eyes, the birth family disrupted the placement and therefore, continued contact with the birth family made no sense.

In England, it can be concluded that new child welfare legislation in 1989 has made a difference in counteracting some of the shortcomings in social work practice, in relation to contact, but other challenges to contact have proved more resilient to change. Studies have continued to report the ambivalence of foster carers (Waterhouse, 1999). Internationally there is evidence of similar continuing ambivalence. In their American study, Mapp & Steinberg (2007) reported that foster carers' reactions to the establishment of contact with the birth family ranged from eagerness and facilitation of the relationship to 'disdain' and putting up barriers to undermine the relationship.

### ***Other Non-Specific Restrictions***

Apart from foster carers' attitudes towards contact arrangements, other non-specific restrictions have been reported. In the study by Millham *et al.* (1986), they found that in some cases birth families were eager to establish and continue contact but due to inherent challenges such as time, distance, physical and/or mental health difficulties and other factors, they were unable

to maintain contact. Studies have shown how some of these challenges, such as distance, can be overcome. A study by Sinclair *et al.* (2000) showed that, where social work plans facilitated contact, distance became less of an inhibiting factor.

Cleaver (1999) identified that the arrival of a new partner was a potential challenge and could have an impact on contact arrangements, for example by influencing the parent's commitment to contact. Furthermore, if the partner was an offender, social workers had to rethink how far current contact arrangements were in the best interests of the child.

All the studies have shown over time that the other key non-specific restriction is the length of time a child has been living away from home. Rowe *et al.* (1976) showed that length of time in care was a significant factor. This was also confirmed in a later study by Sinclair *et al.* (2000) who found that weekly contacts with at least one family member were less common the longer the child had been in placement.

### **Contact Arrangements**

Contact arrangements have a number of distinctive features. These include frequency, mode of contact and the people with whom children are in contact. Two other features of contact arrangements are venue and supervision. These will be discussed in the following sub-sections.

***Frequency of Contact, Mode of Contact and Contact Persons***

As discussed earlier, frequency of contact is known to decline over time (see Sections: Reunification with the Family of Origin and Other Non-Specific Restrictions). In their seminal study *Lost in Care*, Millham and colleagues (1986) reported that the longer children stayed in care, frequency of contact reduced over time. At the time of their study, the absence of a legal framework which gave professionals the specific responsibility to promote contact was apparent. Following the introduction of the *Children Act 1989*, research started to show rather different results about frequency and contact.

In their study Schofield *et al.* (2000) reported that the majority of their children (81%) had face-to-face contact with their mother. Seventy percent of those who had contact with the mother met at least once a month. Other studies (Sinclair *et al.* 2000; Cleaver, 2000; Farmer *et al.* 2004) also showed a high prevalence of contact with the birth family. Such studies reported that 40 to 50% of foster children had a minimum of a weekly contact with their mothers.

All these studies showed that contact was most frequent with the mother and that contact occurred on a face-to-face basis (Sinclair *et al.* 2000; Cleaver, 2000; Farmer *et al.* 2004). After the mother as the person with whom children were most likely to be in contact, was contact with siblings. Far less frequent was contact with the father and with extended family. Schofield *et al.* (2000) reported that, in their study, contact with extended family (grandparents, aunts and uncles) was on the same level of contact as

with the father. In this study, contact with the siblings was the most challenging to arrange especially when children were in different placements.

A number of children in Cleaver's (2000) study wanted to have contact with other relatives apart from parents but few children had previously expressed this wish. It seemed clear that children were eager about contact and wanted to have more contact with other relatives (Cleaver, 2000; Sinclair *et al.* 2004a). Parents were not the only family members that mattered to children (Walker *et al.* 2002). In Walker's study, contact with siblings also featured as being important. Children were concerned about their siblings; some were even worried as they thought they might have let them down (Walker *et al.* 2002). Severance of relationships with siblings led to feelings of loss (Ryburn, 1999).

The age of children is another factor linked to frequency of contact. In the case of adolescents, contact was noticed to have increased over time. For example Farmer *et al.* (2004) reported a slight increase in adolescent contacts with birth relatives over time. This is rather different from results obtained by Millham *et al.* (1986) who reported a decrease in contact over time. Adolescents were seen as more likely to be in control and in a better position to manage the practicalities of contact (Sinclair, 2005). As pointed out earlier, adolescents wished to initiate contact to confirm issues of identity (Thoburn *et al.* 2000) (see Section: Identity).

### *Venue and Supervision of Contact*

Two other aspects of contact are venue and supervision. What type of venue is best suited for contact arrangements and whether contact will be supervised or not are questions which often arise within the practice of professional workers (Cleaver, 1999 & 2000). Contact arrangements can take place in a variety of different settings including foster homes, social services settings, the family home and alternative venues.

Cleaver (2000) and Triseliotis *et al.* (2000) reported three main venues: the child's home, social services' venues and the foster home. The child's home was the primary venue of contact. However, in the study by Schofield *et al.* (2000), over half of the children had contact in venues considered as neutral or social services venues, which were friendly to children.

There were some problems in using the child's home (Cleaver, 1999 & 2000). Social workers believed that if children were left to visit their family home but not remain there, children were likely to get confused as to why they could not be permanently at home. In spite of any problems, Cleaver (2000) reported that children and parents preferred the family home. This gave children a stronger sense of what was happening within their family and supported their identity development (see Section: Identity). In their own home, parents were more in control and could play a more significant role in their child's life. As long as contact went well, all was good but when contact within the family home did not fare well, children were more vulnerable and likely to suffer.

On the other hand, alternative venues were not easy to find. Therapeutic facilities were thought to be stigmatising. Other centres, such as day or family centres, were not conducive to privacy. In order to counteract this challenge, in Cleaver's study (2000), social workers reverted to considering unusual sites, for example shopping centres or fast food restaurants. Children and their parents also did not like other venues such as social services' venues. Though children felt safe, they and their parents felt watched. Other venues, such as hospital and prison, were surprisingly popular.

Research studies identified the selection of venue as dependent on a number of factors. Cleaver's (1999) study suggested that social workers saw the choice of the foster home as posing various challenges for example, the lack of privacy for children and their birth families. This was not the only concern. Foster carers were sometimes reluctant to accept birth parents within their homes. This was often linked to the disorganised lives that parents often led. Finally, social workers were also concerned about the additional burden posed on the foster carers. The latter often were looking after other children and when contact arrangements occurred, within the foster home, it placed restrictions on other members of the foster families (Cleaver, 1999 & 2000).

Foster carers preferred neutral territories and saw contact as more suitable if taking place in such venues. Similar results were reported by Triseliotis *et al.* (2000). In this study, foster carers preferred contact to occur away from

their homes and for visits to take place on neutral ground. When contact successfully occurred in foster homes, this was influenced by the attitude and experience of foster carers. Carers who had fostered for more than ten years and who had fostered more than ten children were more accepting and agreed to have contact in their homes. Children generally did not object to contact taking place in the foster home. This view however was not shared by their parents. Parents had their reservations and their insecurities were evident.

As in frequency of contact, age was also considered to be a significant factor influencing the venue of contact. Social workers tended not to consider the option of contact visits taking place within the family home as appropriate when children were under the age of ten, unless rehabilitation with the family of origin was underway (Cleaver, 1999). Cleaver (2000) reported that adolescents were more likely to go to their family home whereas young children and those under supervision were less likely to do so. Adolescents were also seen as capable of managing their own transportation to and from family home (Sinclair, 2005).

The issue of supervision was also linked to venue. In Cleaver's (2000) study, children under supervision were less likely to have contact in the parental home. In the study by Schofield *et al.* (2000), supervised contact with the mother occurred in 63% of the cases. There was a relationship between children being at risk of harm and having supervised contact (Cleaver, 1999; Schofield *et al.* 2000) but social workers reported that supervised contact



was not only restricted to children subject to care orders (Cleaver, 1999). Supervised contact occurred as a means of protecting children from potential abuse. Triseliotis *et al.* (2000) reported that foster carers believed that social workers should supervise contact in case of difficult or aggressive parents. 'The main role seen for social workers was to help contain the situation or protect carers, not to act as possible mediators and promote relationships' (Triseliotis *et al.* 2000, p.139).

Triseliotis *et al.* (2000) reported that foster carers saw supervision of contact as an integral part of social work intervention. In Cleaver's (1999) study, however, while social workers had reservations about foster carers and extended family undertaking supervision of a contact visit, they did not completely rule this out. In circumstances where the foster carers or the relatives were adequately trained, supervised and supported, social workers were willing to endorse their active role in contact supervision and saw trained foster carers as underutilised.

## **Conclusion**

This chapter has presented a review of the literature about contact between children in foster care and their birth families. Contact has been defined broadly to encompass both direct and indirect connections. The research on contact is complex and inconclusive. Few dare to contest the importance of contact as it is enshrined and endorsed by the UN. Some do raise questions about the soundness of research studies on contact (see Quinton *et al.* 1997 & 1999; McWey, 2000). Studies show that there are benefits (Department of

Health, 1991; Farmer & Parker, 1991) but these should not be overestimated (Quinton *et al.* 1999) but understood within the context in which they occur.

Through contact many children can be supported to accept dual membership of the two families to which they are connected and to come to terms with their family situation (Fahlberg, 1994; Schofield, 2002; Walker *et al.* 2002). Contact works best when all parties are involved (Schofield, 2002).

Finally, developments in contact arrangements can be better understood when the presence or absence of legislation addressing children's rights, parental responsibilities and the role of the state through its statutory services, such as the *Children Act 1989* in England, is included in the equation. Contact experiences should be analysed and understood in relation to the developments of the fostering system. As a result the next chapter presents a picture of the developments of fostering within the Maltese Islands.

## **CHAPTER 3**

# **FOSTERING DEVELOPMENTS IN THE MALTESE ISLANDS**

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

### Introduction

In the UK, there is a long history to fostering services (Triseliotis, Sellick & Short, 1995). Various writers have documented the developments and outcomes of fostering (see Packman, 1975; Triseliotis, 1980; Hill, 1999; Kelly & Gilligan, 2000; Schofield *et al.* 2000; Smith, Brann, Cullen & Lane, 2004, Owusu-Bempah, 2010) shedding light on a service evolving and responding to local needs, within a legal framework and policies. Triseliotis (1989) has argued that in the UK, fostering became 'the preferred method of substitute care' (p.5). The choice of fostering as an alternative to residential care occurred as a result of changes in policies, influenced by emergent research findings, service outcomes and financial considerations (Triseliotis, 1989). Foster care was considered as a nurturing, individualised service whereby children were exposed to positive role models (Berridge, 2001).

Whilst in the UK, developments in foster care were recorded; developments in foster care within the Maltese Islands have scarcely been documented. The lack of fostering legislation until recently, when the *Foster Care Act 2007* came into force, and the absence of government social welfare services prior to the 1960s restricted the dissemination of knowledge about Maltese fostering (see Role', 1998; Aldgate, 1999). Few works have documented the evaluation of social welfare services and even fewer reports touched on foster care developments. Moreover, these reports were limited to foster care developments which came about after the turn of the twentieth century.

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

Corresponding with the lack of available studies or other documents about Maltese fostering, the best way to capture knowledge about fostering has been by means of oral data. The few available reports have been reviewed for the purpose of this thesis and interviews with key players have been carried out (see Appendix I: Key Players for more details). These key players contributed to the developments of Maltese fostering and orally shared their knowledge about the developments of fostering. In the rest of this chapter they are referred to by the letters A to H. Details of these individuals are given in Appendix I.

In the Maltese Islands, fostering originally developed informally. Prior to the introduction of residential care, children who needed care were mostly cared for by the extended family. However, after the turn of the twentieth century, the emergence of the residential services dominated the child care sphere. Foster care within the Maltese Islands was formally recognised only recently following the professionalization of social welfare services and recognition of foster care as an individualised service to children. The legal framework regulating fostering services was first enacted at the end of 2007.

### **Foster Care within the Maltese Islands: From the turn of the twentieth century**

The limited documents about fostering developments that exist can be traced from the turn of the twentieth century. On the basis of the documentary review and interviews, it appears that the extended family played a significant role in

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

child care within the Maltese Islands. Other informal arrangements were available. However, these were curbed following the introduction of both regulations and residential care. The professionalization of social welfare services in the 1990s was decisive to the rebirth of fostering arrangements but other events such as the introduction of a Children's Allowance in the 1970s also played a role.

*The Extended Family as Care Provider*

In the absence of parental support, both the extended family and/or prominent members within the community provided child care to children (Sources C, G/H and Ross, 1959). Often relatives, neighbours and/or friends of the family took children into their homes. At the time, no reference was made to foster care but in principle the arrangements emulated foster care. This custom occurred in response to the unfortunate circumstances of families. The unfortunate circumstances were often the hospitalisation and/or the death of one or both parents. The following extract from one of the key players described the relevance of extended family care within the Maltese context:

*In my family, my aunt's niece stayed with us for three months. In addition, on several occasions, my mother took in some of my cousins who also stayed with us.*

*(Source C).*

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

Though driven by individuals wanting to respond to the needs of children and families, the involvement of the extended family had deep roots within the dominant religion of Malta: Roman Catholicism. Amongst the practices enshrined within this religion was the selection of godparents. When a child was baptised and received confirmation, godparents were identified. The role of godparents was not only to follow the child's development in accordance with Roman Catholic principles but also to care for the child when the need arose. Throughout the years, the selection of godparents fell to relatives or very close friends of the parents.

During the late 1940s and 1950s, as a result of large family size and/or unfortunate circumstances, godparents made themselves available to care for their godchildren. Siblings were often placed with their different godparents. Verbal accounts reported that authorities were often unaware about the extent of this child care support (Source C). So, the extended family had a critical role and a major impact on the development of Maltese foster care, as will be seen in the following sections.

### *Children of Prostitutes*

Apart from the child care arrangements described above, a different reason from the health and death of parents gave rise to informal foster care placements. *Ad hoc* arrangements, also known as 'farming out', were made by prostitutes who placed their children in stranger care. The Maltese

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

arrangements reflected 'baby farming' in England (see Heywood, 1959). In England, unmarried mothers were encouraged to place their children with foster mothers or nurses in order to continue in their employment. In the Maltese Islands, lack of child care support and a large number of dependent children influenced the prostitutes' decision to resort to alternative means of care.

*This was the prostitutes' case. They used to have six or seven children.*

*..... And they used to send them in care with families. They used to pay these families. They (the mothers) kept in contact with them (children) and there was no resistance. At times in fostering there is resistance  
.....*

*Yes they used to find them. Yes farming out. Very often they did not inform the authorities.*

*(Source A).*

Due to their work commitments, prostitutes were not in a position to care for their children and, therefore, adopted a very practical approach of personally identifying carers and placing their children with them. By personally identifying carers, resistance by prostitutes to this type of care was found to be minimal. These mothers had resorted themselves to this type of arrangement and did not feel compelled to choose such an arrangement. As a result they were not resistant to the idea of their children being cared for by other families.



## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

To ensure adequate care for their children, the mothers paid these carers. Children's stay with the selected caregivers was often on a long-term basis. Contact with the child was maintained on a regular basis. The children eventually went back to their family home, when the mother thought they were self-sufficient, needed less attention and she was in a position to care for them. Eventually, this arrangement was curbed as result of two factors: i) the advent of residential care, and later, ii) the *Placing of Minors Regulations (1962)* which are discussed in detail later in this chapter.

The advent of residential care staffed by religious orders contributed to the changes occurring within foster care as parents and families started to resort to using residential care. Residential care provided an alternative cheap option. The *Placing of Minors Regulations (1962)* was introduced to create a safe environment for children placed in non-related care and exposed to potential hazards without the knowledge of authorities.

### ***Unemployment Factors***

Another factor, unemployment, influenced the development of informal foster care arrangements. During the 1950s and 1960s, the Maltese Islands were confronted with a soaring unemployment rate. At the time, unemployment was perceived as the main contributing factor to child placements in related and non-related care.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*It was during the 1955 and 1957, which means that as from mid 1950s up to mid 1960s there was high emigration because of unemployment.... As a result the father (breadwinner) went abroad. The practice was the father first went to Australia or Canada to see the prospects (within these countries). If he saw that the prospects were good and found accommodation he used to send for his wife and children. However, there were situations when the wife and husband went together and the children were left behind in Malta.*

*(Source B).*

Unemployment led to the emigration of the head of households. There were occasions when wives emigrated with their husbands to experience the new life and settle in the 'promised land'. The emigration of both parents resulted in leaving the children behind. The intention was to prevent unnecessary hardship to children, which might be experienced during the settling in phase. Children were thus placed in residential services, with relatives and also with non-related carers, possibly godparents. In the absence of parents, the *Placing of Minors Regulations (1962)* were critical to protect and prevent any harm done to the children (Source B).

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

### *Residential Care*

By the turn of the twentieth century, the provision of residential care had grown into the major child care service. Residential services were built as a result of the generosity of philanthropists and were run by religious orders (Abela, Dimech, Farrugia & Role', 2005). At the time, non-related fostering was rather ignored, and care was given either by relatives or residential services. Unlike other countries, which developed foster care whilst residential services reduced (Kelly, 2000), in Malta due to the various vested interests the reverse process occurred.

Stories of abuse and exploitation of Maltese children in residential care also surfaced. Similarly to the UK<sup>1</sup> during the 1950s, some children residing in Maltese institutions were shipped to Australia to start a new life and to provide cheap labour. Diverse accounts of abuse and exploitation of Maltese children, as with other children coming from the UK, occurred (see Triseliotis *et al.* 1995).

Up to this present day, residential care still plays a significant role. Children who misbehave are often threatened by their parents that they will be sent to 'Abatija', a name used for residential care services. Officially residential services became the major source of placement for looked after children from

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<sup>1</sup> The Maltese Islands were at the time, one of the British Colonies. Malta took its independence from Britain during 1964 (See Chapter 1).

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

the turn of the twentieth century. They currently offer care to around 155 children at any one time<sup>2</sup>.

*The Ross Report*

Concern about child welfare services during the late 1950s led the Maltese government to commission an English civil servant, Mr. J. Ross, to review and provide recommendations about child care and probation services within the Maltese Islands. In his report, Ross (1959) looked at the different services available, amongst them institutional care. On the basis of his review, Ross stressed that a family life for disadvantaged children was a better alternative to institutional care. He described the current institutional care as ‘overprotective instead of being positive and constructive’ (Ross, 1959, p.3).

Despite the benefits that fostering offered, the provision of foster care was not perceived as replacing institutional care. Vested interests that promoted residential care as a cheap alternative prevented the development of formal fostering for over forty years. However, apart from these interests, Ross saw another factor impinging on the development of foster care, namely the size of Maltese families. At the time in the Maltese Islands, most families had a large number of children. ‘Boarding out’, by which Ross meant fostering, was seen

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<sup>2</sup> From the turn of the twentieth century until year 2010 residential care offered most placements. For example whilst as at end of 31<sup>st</sup> March 2004, statutory fostering offered a service to 136 children, residential care was available to over 300 children. During 2010, residential care serviced around 209 children and foster care was available to the total of 165 children. In subsequent years i.e. 2011 and 2012, the reverse process occurred. Residential care was available to around 155 children whilst foster care was offered to around 250 children (as at end of 2011, 259 children resided in foster care and until 30<sup>th</sup> April 2012, 251 children were in foster care).

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

as achievable, within limitations. Large families impinged on its development. Nonetheless, Ross was optimistic that fostering was still achievable as a result of social work services development.

Boarding out – may not be practicable on any wide scale in present circumstances because of the large families commonly in Malta, but it is desirable that the practice of boarding out should be developed as social workers become available to select foster homes and to supervise the welfare of children placed in them (Ross, 1959, p. 6).

During the 1950s, there were no social work services in existence. In the absence of social work services, medical officers monitored the children until the age of 4 years. Ross (1959) saw the role of social work intervention being to supervise children who were permanently in the care of a non-relative carer until school leaving age. In response to the Ross report, during the early 1960s four individuals were selected and sent to the UK for formal social work training. Training of social workers in the UK continued until the mid 1970s after which time, in the 1980s, professional training of social workers started in the Maltese Islands. Throughout the years, the influx of new social workers has contributed to the development of fostering services. More social workers were employed in fostering. As a result an increase in social workers contributed to the professionalization of the service.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

In addition, the Ross report also prompted the introduction of subsidiary legislation, the *Placing of Minors Regulations*, which came into effect during 1962. These regulations strengthened the development of social work and played a significant role in the protection of children placed in foster care. As a result, non-related carers were legally bound to inform the authorities of a child's placement in their care. The family welfare officers were the professionals legally recognised by these regulations to

visit and examine from time to time protected minors and the premises in which those minors are being kept in order to satisfy themselves as to the wellbeing of the minors and give such advice as to their care and maintenance as may be needed (p.2, Sect 3).

Later on, during the 1980s with the introduction of the *Children and Young Persons (Care Orders) Act 1980*, the significance of foster placements and social workers, known at the time as welfare officers, was further recognised. Welfare Officers were given the mandate to 'periodically review' (p.5, Sect 13) the situation of children and young persons under a care order, not only those placed in institutional care but also those in foster care.

***Ad Hoc Fostering Arrangements***

Statutory concrete steps taken during the 1970s encouraged the development not only of social work but also of fostering. Expansion of services within the

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Welfare Department, previously referred to as the Welfare Division<sup>3</sup> and which nowadays no longer has this function, relied on the influx of new social work staff as previously advocated by Ross (1959). The first local training of social workers occurred during the late 1970s. This training was necessary for later developments in the provision of social work services, including social work interventions within foster care.

The beginnings of fostering by the authorities can be identified from the time when the Department started placing children with non-relative carers. This was done in the 1970s on an *ad hoc* basis. It mainly occurred because of the initiative of an individual social worker who placed children in non-related care on an *ad hoc* basis (Source A and Source B). This individual social worker who was responsible for family casework became aware of the difficulties of families who were struggling to look after their children and arranged for children to be placed with *ad hoc* foster carers. These arrangements were carried out in the absence of regulatory protocols to protect the rights of children and their parents. No follow up of placement was available and the children were often left in foster care (Role', 1998).

In these arrangements, in the Maltese Islands in the 1970s, the social worker clearly had several roles. This was explained by one of the interviewees:

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<sup>3</sup> The Welfare Division originated within the Department of Emigration and Labour and later was integrated with the Department of Social Services. Eventually this Department became the Department for Family Welfare and nowadays the Department for Social Welfare Standards. This Department is now the regulatory body of social welfare services and services are delivered by the Agency APPOGG.

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

*.... in a way since we were an omnibus social worker had its advantages in a small community because first you had an overlapping of social work and secondly when you went to a home visit, you did not drive mad the client with all the persons that were involved in the case. You had one (social worker) who took care of everything.*

*(Source D).*

Similar multi-role arrangements were operating in the UK at the same time (see Triseliotis *et al.* 1995). However as Triseliotis *et al.* (1995) point out, such arrangements were fraught with difficulties because, if conflicts arose between the foster child, the foster 'parents' and the birth family, the social worker was exposed to a conflict of interests. Changes within this system of fostering came about at a later stage, influenced by the introduction of local social work training (Source B). With an influx of social workers, the system allowed workers to have specialised caseloads. Service delivery was thus improved in response to an increase in social workers.

### *Fostering or Adoption?*

The turning point for fostering occurred when local adoption<sup>4</sup> became rather difficult. The decrease in the availability of Maltese children for adoption

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<sup>4</sup> Adoption became legal as a result of the Legal Notice 13 of 1962, *Placing of Minors Regulations*. Subsequently other pieces of legislation refer to adoption namely Chapter 16 - *Laws of Malta*, Subsidiary Legislation 16.04 *Adoption Regulations 1995* and the *Adoption Administration Act 2008* (see Farrugia, 2010).



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

occurred when the government, during 1974, introduced the Children's Allowance. This allowance was the equivalent of a child benefit; a monetary benefit given to families for the upbringing of their children. With additional monetary benefits, disadvantaged birth families perceived their situation as more conducive to the care of their children and increasingly refused to give up their children for adoption.

*That was the time when the government introduced the Children's Allowance; the parents were less likely to give their children for adoption. Now they were saying "Perhaps I can afford more to take care of my child". So the possibility to release children for adoption was decreasing. So there were couples who wanted to adopt during a time when (local) adoption opportunities were in decline.*

*(Source B).*

It was during this period when couples keen to adopt were approached by the social worker to take on fostering. The aim of this type of foster care was to introduce children to a permanent placement with the potential for later adoption (Source B). The resultant effect of fostering as a means to adoption was often negative. It was not the first time that foster carers were confronted with birth parents, appearing on the scene, without any prior notice, claiming their children. These situations often left the child with no option but to return

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

to their family of origin and two foster carers completely devastated, with a shattered family dream. To some extent, this also threw light on the behaviour of carers who were more likely to follow the exclusive model (Holman, 1980), resulting from role confusion and lack of training about the purpose of fostering (Source C).

Foster carers or 'foster parents' as they were preferably called at the time saw their service more as parenting the children and disliked any interference from statutory authorities and the family of origin. Lack of training and awareness about the role of fostering contributed to their belief that they were more adopters than foster carers (Abela *et al.* 2005). Moreover, the role confusion and lack of training left its mark on how birth parents saw fostering and the role of foster carers.

### *Perspectives of the Birth Family*

Over the years, as a result of training, foster carers acquired a greater understanding about the role of fostering. On the other hand, birth parents still saw residential services as their preferred mode of placement (Role', 1998). As Abela *et al.* (2005) reported:

Placing their children within an institution rather than within a foster family is far less threatening and this may be one of the reasons why so

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

many children are placed in residential care. This way of thinking could be deeply rooted within Maltese culture (p.5).

Thus, it was not surprising that in the light of the exclusive behaviour of foster carers who previously refused any interference and behaved as if they owned the child, the birth family responded by selecting and placing children in residential care. For the birth family, the issue of 'ownership' (or parental rights) was critical and to some extent is still prevalent up to the present day (Source G/H). Improvements have been identified. Nowadays an increasing number of birth parents are expressing their interest in selecting foster care as their preferred placement for their children (personal communication with APPOGG Children Services Manager<sup>5</sup>, 2009).

### **Concrete Measures to the Development of Foster Care**

The turning point for the development of formal foster care resulted following the collaboration between the statutory social welfare services and the Maltese Roman Catholic Diocese. Furthermore, the introduction of legal frameworks gave the required impetus to the development of foster care but other events, such as the Child in Care Benefit, contributed to the further growth of foster care.

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<sup>5</sup> APPOGG is the national organisation, which runs the statutory fostering services. The Children Service Manager was responsible at the time for the management of the fostering services. See also footnote 3.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*The Involvement of the Church in Fostering*

A concerted effort between different stakeholders was very significant in the concrete measures taken towards the development of foster care. Though the government was crucial in the growth of fostering, the Maltese Roman Catholic Diocese also played a role. The latter's role was critical in response to its residential services. Through the experience of residential care, the institutions run by religious orders, as well as the social workers within the Children's Home Office run by the church (currently known as Uffiċju Ejjew Ghandi<sup>6</sup>), saw the importance of stranger foster families to care for children who had been abandoned in their care. This echoes the situation of children in long term care reported by Millham *et al.* in their book *Lost in Care* (1986).

Further to this, one of the problems in residential care was that social workers in the Children's Home Office run by the church were in the process of matching children with potential carers and consulting birth parents. Those running the homes felt that they had all the authority as they saw fit, without consultation, to place children with stranger carers (Sources C and E). This increasingly became a concern to the Children's Home Office, which was developing a practice whereby the birth parents were involved in the placement decision (Source E). The latter social workers, prior to placing children in the care of foster carers, gained consent from the birth families, a practice that was not being carried out by the nuns. When social workers within the Children's

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<sup>6</sup> This office is under the auspices of the central management of the Maltese Roman Catholic Diocese.

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

Home Office consulted parents and matched children with carers, the carers and the birth family of the children kept in contact and the children were often free to visit their relatives.

*I believe there was a lot of inclusion. Do not forget that at the time there were no care orders. To say it, not everything was plain sailing but there was a lot of cooperation between them (foster carers and birth family).*

*(Source E).*

The social worker of the Maltese Children's Home Office initially undertook home visits in the carers' homes and, later on, organised support groups, matched the child with the family and conducted some training of carers (Source E). Yet again, these initiatives were rather tentative since the team was inexperienced. The developments, which resulted, were in response to external influences emerging in the national care services context. For example, in time the residential homes started to channel carers to the Children's Home Office workers and an assessment of the carers was introduced.

### ***Legal Frameworks Recognising Fostering***

There is a voluntary route through which children can enter care. This is through voluntary placements, which are barely regulated. Custom and practice

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

dictates that parents can place children in foster care and remove them at will. This is fraught with complexity<sup>7</sup>. The availability of placements is limited. Demand exceeds supply. There have been various attempts over the last ten years to construct a Children Act similar to the *Children Act 1989* in England and Wales, which would better regulate these voluntary arrangements. So far the political will has not been there (Farrugia, 2010).

Among the population of fostered children is a group of children in need of protection. Malta introduced *The Children and Young Persons (Care Orders) Act*, which was first enacted during 1980 and aimed to provide 'care, protection or control' (p.3, Sec 7) of children and young persons. This Act was later amended in 1983, 2002 and, through a legal notice, in 2007. The current legislation aims to protect children who are at risk of harm and places them on a care order. The grounds for a care order are the following:

- (a) he is beyond the control of his parents or guardian; or
- (b) he is not receiving such care, protection and guidance as a good parent may reasonably be expected to give and -
- (i) the child or young person is falling into bad associations or is seriously exposed to moral danger; or

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<sup>7</sup> The only applicable piece of legislation is the *Placing of Minors Regulations 1962* which does not tackle the complexity of the situation.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

(ii) such lack of care, protection or guidance is likely to cause the child or young person unnecessary suffering or seriously affect his health or proper development. (p.3, Sec. 7).

In the *Children and Young Persons (Care Orders) Act 2002*, a direct reference was made to the mandate of the Minister to care for any child or young person:

by boarding him out with a fit person, whether a relative or not, or with a private institution willing to undertake the care of him on such terms as to payment by the Minister and otherwise as the Minister may, subject to any regulations made under this Act, determine in Agreement with such person or the management of such institution. (*Children and Young Persons (Care Orders) Act, 2002*, p.4, Sec 10).

The Act made explicit reference to fostering as a service delivered by both kinship carers and non-relative carers. The recognition of fostering by this Act was critical. Parliament acknowledged alternative forms of care other than institutional care, during a period when social work practitioners made use of foster care on an *ad hoc* basis rather than as part of a care plan<sup>8</sup>.

A further step in the improvement of foster care services was taken with the appointment of the Commissioner for Children, occurring in late 2003. As part

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<sup>8</sup> (Children from both routes, voluntary and care order are included in the survey study; see Chapter 4 and Chapter 5. In the intensive study, children are all on a care order; see Chapter 4 and Chapter 7).

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

of the duties, the Commissioner cultivated the development of alternative care for children, particularly fostering. The fact that the Commissioner for Children, within the spirit of Malta's ratification of the UN Convention on the Rights of the Child<sup>9</sup>, aimed a) to promote the participation of children, b) to emphasise standards of social services and c) to monitor policies and practices of social welfare services targeting children, inspired great confidence. Throughout the last seven years, the office of the Children's Commissioner has lobbied for looked after children's rights (The Office of the Commissioner for Children, 2008). Furthermore, the Children's Commissioner during 2008 brought together various key players and in collaboration with them embarked on a research study focusing on children living in out-of-home care. The aim of this study was to inform policy makers about the needs of looked after children including children in foster care (Dalli, 2009).

Though the two legal frameworks, described above, made direct reference to foster care, the legislation regulating foster care services was only introduced at the end of 2007. In a report commissioned by the Ministry for Social Policy reviewing social welfare services eight years earlier, Aldgate (1999) had outlined the need to introduce an Act regulating foster care. Until the introduction of the *Foster Care Act 2007*, the foster care service was left in a state of limbo. For the first time, by means of the legislation in 2007, foster care was given its formal recognition. This Act outlined the roles of the fostering

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<sup>9</sup> Malta ratified the UN Convention on the Rights of the Child in 1990.



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

board and the central authority and the functions of the accredited agencies in the provision of foster care. It also identified important aspects in the care of fostered children including contact arrangements.

The foster care arrangement in terms of sub-article (1) shall be in the best interests of the child and shall provide for detailed information related to the rights and duties of the foster carer and it shall specifically include:

- (a) the extent to which the foster carer may make decisions with regard to the child in his care;
- (b) the frequency of contact of the child with the natural parent or parents;
- (c) the child's care plan;
- (d) matters of education, health and maintenance of the child;  
and
- (e) any other matter pertinent to the child in foster care (p.10, Sec 24).

According to Aldgate, Blewett & Rose (2008), the *Foster Care Act 2007* 'marked 'a coming of age' for the service and it is central to future provision for looked after children' (p.12). Yet, as reported by Farrugia (2010), 'considering that this piece of legislation is quite recent' the legislation still falls short in addressing 'child rights issues and does not (fully) reflect the

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

concerns of children in foster care' (p. 13). This Act fails to include 'the choice of foster care' as a children's right (Farrugia, 2010).

***Placing Fostering and Adoption Together***

In the early 1990s, the Ministry for Social Development identified the need to take stock of the care services and requested the submission of a report on social work services (Source A). In response to this report<sup>10</sup>, generic services within the Department of Family Welfare were reviewed and specialised services were introduced.

*..... until the early 90s we were generic which means that every social worker was allocated any type of cases. However during the 90s the department was split in units and the Adoption and Fostering was set up.*

*(Source A).*

Specialised services were introduced and adoption and fostering social work services were grouped together within the same unit. This meant that the social worker who carried out adoption also carried out fostering services. This, however, proved to be ineffective, since fostering was, yet again, seen as a means to adoption. Scant attention was given to the development of fostering as

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<sup>10</sup> This report was for internal consumption only. A copy could not be traced.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

a genuine alternative for children in its own right. The panel licensing fostering, introduced early in the 1990s, was in fact the Adoption and Fostering Panel. A national policy was also formulated, early in 1996, bringing together Adoption and Fostering under one team and proposing the development of a National Commission on Adoption and Fostering. So fostering once again lost to its rival adoption.

***Separation of Fostering: The Work of the Inter-Agency Fostering Team***

Although the national policy combined fostering and adoption, at the same time a Fostering Systems-Building Committee, with representatives from both government and non-governmental agencies, submitted a document *Design of Fostering System (1996)*. This document proposed a separation of adoption and fostering and recommended the development of a foster care service.

The recognition of fostering as a service in its own right began to happen with the establishment of the Interagency Fostering Team (henceforth IAFT), a team with church and government agencies participating. Upon submission of the document *Design of Fostering System* during 1997, the IAFT started offering training to foster carers. The Children's Home Office social workers refrained from the delivery of training. They involved themselves in the initial assessment of potential carers, referred the carers for training to another partner of the IAFT and then they again followed up the carers, after the delivery of

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

training (Source E). Participation within media programmes to create awareness about fostering and the recruitment of carers were critical tasks carried out by the IAFT (Role', 1998).

In spite of these improvements, the support of approved carers and children was still carried out by the same social worker. This practice still presented the same problematic issues that the social workers faced when confronted with a difficult relationship between carers and the children. It is only at a later stage when formal fostering was set up that this issue was taken seriously, although not, however, without limitations (Source C).

### *Formal Fostering*

The introduction of formal fostering came at a time when adequate financial commitment within the social welfare sphere was secured. The fostering service was expanded during 2000, though preparatory work had been underway since 1996. The service was set up under the auspices of the government agency APPOGG (at the time known as the Social Welfare Development Programme) (Farrugia, Cortis-Micallef & Galea-Seychell, 2001; Galea-Seychell, 2002). The role of the fostering team members was to recruit, train and assess prospective foster carers, and match children with the prospective carers. Placement monitoring and supervision of foster carers was also included as part of their social work practice. An after-care service and a monthly support group were

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

also introduced to provide continuous support to carers, who often were faced with difficult situations and needed additional guidance.

Originally, the monitoring of children in foster care was conducted by the social workers who worked for the Department of Family Welfare. Eventually, during 2001, the Looked After Children service, under the auspices of APPOGG, was set up to provide social work support to looked after children (Galea-Seychell, 2002). The latter organisation took on the service delivery role and subsequently the Department for Family Welfare, which was later called the Department for Social Welfare Standards, took on the regulatory function, as was formerly proposed by Aldgate (1999). The changes that occurred introduced positive practices, whereby the role conflicts faced by social workers were curbed. Unfortunately, these practices have been short lived as will be noted later on.

Currently, the Department for Social Welfare Standards as identified by the *Foster Care Act 2007* is the Central Authority, which accredits organisations to deliver foster care. It has both the legal and administrative responsibility to assess these organisations and revoke the accreditation where this is necessary.

Furthermore, with the introduction of the *Foster Care Act 2007*, the anomaly of placing foster care with adoption was settled once and for all. The Act recognised a Fostering Board, which no longer had anything to do with

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

adoption. It was set up for the sole purpose of examining and reviewing reports and to determine the suitability of prospective and current foster carers amongst others. Thus the *Foster Care Act 2007* sealed the formal recognition of foster care services within the Maltese Islands.

### ***The Child in Care Benefit***

Though not related to social work practice, in 2001 the introduction of the Child in Care Benefit had unpredictably influenced the course of fostering services in Malta. This benefit is similar in principle to the fostering allowance payable to foster carers and available in other countries such as the UK (see Triseliotis *et al.* 2000) but payments in Malta are considerably smaller than those in the UK. Prior to the introduction of this benefit, the fostering team within APPOGG was aware of a small number of kin carers. The benefit had the effect of revealing informal fostering arrangements that were in existence but unknown to the authorities.

O' Brien (1999) suggests that kinship care operates in two spheres: the 'private domain of the family' and 'the public domain of the state' (p.26). Kinship carers who were caring for relative children approached the service to access this benefit. Knowledge about previously hidden kinship care was made available, thus the private domain of kinship care was revealed and became part of the public domain through the Child in Care Benefit. These particular carers, namely grandparents and aunts/uncles, cared for their grandchildren, nephews

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

and nieces due to their children or siblings' substance addiction (Source C). This sort of arrangement was very similar to kin care in Scotland, where relative care also occurred as a result of parental substance addiction (see Aldgate & McIntosh, 2006).

Within a short timeframe, the fostering team that trained and monitored placements had to deal with around 84 referrals of kinship carers who showed interest in attending training. Although some were mostly interested in the monetary benefit, all of them benefited from the training, which was specifically offered by the APPOGG fostering team to upgrade their skills and competencies in dealing with the children in their care.

*You had a good number who started off with the idea of money however once they got to know that we offered a social work service, that we undertook a support group and training, some of their mentality started changing.*

*(Source C).*

In response to this group of carers, the fostering team delivered a specific training programme, aimed at tackling issues that were often present in kinship care. This is similar to the work of O'Brien (2000) who identifies one of the differences between kinship care and traditional foster carers as the 'connection

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

to the agency'. This connection to the agency was often the result of the assessment and training in preparation to the placement of the child.

In the latter part of 2009, in his budget speech the Minister of Finance, the Economy and Investments Mr. Tonio Fenech, announced that as from 2010, the Child in Care Benefit was being increased.

As from the coming year, the Child in Care Benefit will increase from €40 per week to €70 per week, and the age for assistance will increase up to 21 years for those youths who are still studying or are following a training programme approved by the ETC (*Employment and Training Corporation*) (*Budget Speech 2010, 2009, p 73*).

At this stage, it is too early to assess the effects the increase in the Child in Care Benefit will have. Yet, this increase acknowledged the expenses faced by carers when looking after children in out-of-home care. It is hoped that this increase gives the much needed impetus for an increase in foster care placements (personal communication with Children Services Manager, 2010).

### ***Kin Carers***

In 2001, with the influx of new kin carers and the knowledge of other children living in this type of care, APPOGG strived to provide adequate social work intervention. The Looked After Children Service was not in a position to take



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

on its caseload additional cases of children placed in foster care. As a result, the Fostering Service's social workers reluctantly had to take on, as part of their work, the monitoring of children placed in kinship care. Yet again the role conflict issue, previously faced by social workers, dealing with both carers and children resurfaced.

In the latter part of 2003, the management of APPOGG introduced an intra-agency protocol between the Fostering Service and the Looked After Children Service (LAC). As part of this protocol, the role of both services was clarified though in reality, until this present date, the fostering team is still monitoring some of the children in kin care. This protocol also outlined the role of the fostering team in assessing potential carers who came to the attention of the Looked After Children workers during their course of duty.

The issue of role conflict has not been resolved and will not be resolved in the foreseeable future. It is to be noted that due to limited resources, the management of APPOGG is not foreseeing any improvements in the practice of fostering social workers monitoring both children and foster carers. The management is currently further exploring what other tasks the fostering social workers can take on in their social work interventions with children and kin foster carers (personal communication APPOGG Operations Director<sup>11</sup> and

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<sup>11</sup> The Operations Director of APPOGG is the person who is responsible for the management of all services of the organisation. She is the senior of the Children Service Manager.

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

Children Services Manager, 2009). It seems that the issue of role conflict rather than being resolved is likely to remain an issue in social work practice.

### *Social Contacts*

Malta had a system of encouraging families in the community to be in contact with children in residential care (Sources C, E and F). This system flourished over the years. Social welfare professionals perceived the social contact service as a respite service to the nuns caring for children in residential homes (see Policy Regarding Respite Foster Carers for Children in Residential Care, 2003).

*..... I say that they started as a respite service to the nuns. It is still the same nowadays that instead of staying at the residential home throughout the day and at night, they (children) have someone who takes them, takes them out and the nun is relieved.*

*(Source C).*

Children went during weekends, holidays and eventually for longer periods of time to these family homes. This often occurred without the knowledge and consent of both the Children and Young Persons' Advisory Board for children under a care order or the birth family for children voluntarily admitted to residential care (Source C). The fostering team had on different occasions put forward complaints to the management of APPOGG that social contacts took

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

children to their family homes without any assessment previously being undertaken by the team.

It was in response to this situation that, after all these years, APPOGG and Uffiċju Ejjew Ghandi developed the *Policy Regarding Respite Foster Carers for Children in Residential Care* and introduced it during 2003. The aim of this policy was to regulate the informal arrangements undertaken between nuns and social contacts. By regulating these arrangements prior to any arrangements being made, consent was acquired from the legal guardians of the children. This strengthened the safeguards and ensured the protection of both children and carers.

Both respite carers and children underwent preparation for this relationship. This also avoided unnecessary problems as well as any trauma resulting from a mismatch between carers and children. In addition, this protocol was the basis for both the Looked After Children Services and the Fostering Service of APPOGG, together with 'Uffiċju Ejjew Ghandi' social workers, to work in tandem to ensure the service delivery, which children rightly so deserved.

### *A Stepping Stone to Foster Care*

The children's experience in Maltese foster care was often influenced by previous experience in residential care. While children eventually ended up in long term foster care, residential care acted as a stepping-stone to foster care.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

The absence of short term or respite foster care also made the use of residential care necessary within the care service delivery equation. Until recently, children faced a long-term experience in residential care prior to their being provided with a placement in foster care.

..... *They (the children) always spend some time. Not so long time ago, one (child) was here for three years and his mum had another baby. She (the newborn child) was coming here and I told them "Why does not the baby go with her brother?" I told them she (the newborn baby) goes with her brother and they do not stay here. Then they took them together. But the boy was three years. Meaning he stayed here three years.*

*(Source G/H).*

A move towards changing this situation occurred, during 2003, when for the first time the fostering team managed to foster three babies, without their prior admission to institutional care (Cristina, 2004). During 2010, the fostering team placed eight babies directly into foster care (personal communication with the Service Area Leader, Fostering Services, 2010).

Malta has lagged behind the UK in striving to place siblings together. Yet placing siblings within the same foster placement, wherever possible, has now

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

become a fundamental principle of social work practice. Success stories are still infrequent. More fostering placements and attention to foster carers are required (Aldgate *et al.* 2008). However, the success stories that have occurred have been significant to the growth of foster care within the Maltese Islands.

### **The Way Forward**

A close look taken at fostering within the UK indicates the diverse fostering arrangements that exist. Fostering arrangements range from long term care, to short term, to specialised care as well as intermediate care (Triseliotis *et al.* 1995). The Maltese situation is rather different. There is long term fostering that caters for most of the cases of children placed in foster care, particularly in circumstances where children and teenagers have little chance of either returning home or of being adopted. Permanency planning as advocated by Thoburn (1985, 1991 and 1999) is much in line with the Maltese rationale for long-term placements.

In addition, the development of Maltese foster care services has been concerned with the further expansion of a service that caters for both short term and respite needs. The major factor impinging on the growth of fostering is the dominance of local residential care services, which are already in decline. With further awareness of fostering and its results and the impact of the legislation, it is to be hoped that birth parents and the judiciary will increasingly become more accepting of fostering.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Within the Maltese Islands, national service delivery policies have recently included the importance of developments within foster care (Cristina, 2004). In addition, there is a move towards an individualised service to children. Government policies are responding to two particular factors. The first is the decline of religious orders vocations and the ageing population of the members of these orders. The second relates to changes in the family structure, whereby the extended family is shrinking and support that is currently delivered by the extended family eventually loses its force. Socio-demographic changes occurring within Maltese society, where the extended family is shrinking, are likely to influence its future involvement within child care practices.

In line with the above, the Commissioner for Children's Office is preparing a national policy on services for looked after children. This policy sees residential care in decline and fostering as the future service for looked after children.

Institutional-type residential care should ultimately be phased out in favour of fostering by professionally trained and adequate paid foster carers. The provision of residential care should be limited to cases that would not benefit from fostering (The Office of the Commissioner for Children, 2008, p.7).

Malta also participated in the study and development of standards as part of the project *Quality4Children Standards for Out-of-Home Child Care in Europe*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

(2007). The Standards report is an important landmark and an essential document for social work practitioners amongst others. This report outlines eighteen standards that should be considered in the decision making and admission processes of looked after children as well as their care taking and leaving care processes of fostered children.

The Department for Social Welfare Standards, during 2009, also launched the National Standards for Out-of-Home Child Care (DSWS, 2009). A children's version of these standards was launched earlier in the year (see Ellul Welsh, 2009). The National Standards are structured into three standard areas i) Decision-Making and Admission Process, ii) Care-Taking Process and iii) Leaving-Care Process, outlining 17 different standards. These standards spell out the rights of children and responsibilities of professionals and carers intervening in children's care. A revised version of *Model Policies and Procedures for Out-of-Home Child Care* was also produced during 2009 (Working Group on Residential and Foster Care, 2009). Finally a Strategic Plan was also prepared by a core group of experts. This plan 'shall be the guiding force of the social policy and has identified where resources are needed' (Dalli, 2009, p. 2). This document identifies the lacunae and eight main items and related budgetary costs required for their implementation. All these documents are yet again another landmark, all having one aim to improve children's services and particularly services for looked after children in the Maltese Islands.

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

Though attention to residential services has to some extent continued to prevail, all of the above indicates that further growth of foster care is to be expected. Another important landmark has been the establishment of a Foster Carers Association, which aims to lobby for improvements and developments in Maltese fostering services. This Association also organises different activities for foster carers. For example, together with the fostering team and APPOGG management, this Association in collaboration with the International Foster Care Organisation (IFCO) organised the International IFCO conference, held in the Maltese Islands during November 2007. The organisation of this conference was an important training opportunity for foster carers and practitioners. It also served to sensitise and create awareness about fostering within the Maltese Islands.

Furthermore, in 2010, a two day seminar was also organised to train foster carers about the effects of trauma on children and the importance of couple work. It is believed that the future holds more of such opportunities to further enhance the professionalization of foster care services. Finally during early 2012, preparation and training of specialised foster carers, as part of the out-of-home care programme, was underway. The training and selection of specialised foster carers is a clear indication that the needs of children and young adolescents with challenging behaviour are being seriously targeted.



## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

### Conclusion

There are few reports documenting the development of foster care in Malta throughout the last century but the interviews with key stakeholders provided a rich source of information about the developments of this child care service. As identified, over the years the extended family has played a pivotal role in the care of children. Informal foster care also developed in response to other events, namely prostitutes farming out their children to non-related carers. Economic events strangely enough also contributed to such developments. Unemployment within the Maltese Islands led to the emigration of parents and quite often children were left behind and informally fostered as a result.

Nonetheless, following the introduction of regulations and residential services, non-related foster care was curbed. Residential care became the major source of child care services. The professionalization of social welfare services led to *ad hoc* arrangements with non-related carers. This also occurred in response to a decrease in adoption resulting from the introduction of a monetary benefit to mothers to care for their children.

Yet a concerted effort between the Maltese Roman Catholic Diocese and the statutory social welfare services re-routed the direction of foster care. Further investment in foster care, the introduction of the Child in Care Benefit and the implementation of legislations such as the *Foster Care Act 2007* were concrete efforts which led to the formal recognition of foster care.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Future prospects for the foster care service will depend on further investment in this service with the aim of developing other foster care arrangements. Investment in specialised foster care is already underway. It is believed that the roles of the extended family and the residential services as they are today are no longer tenable in the long run. The introduction of a comprehensive *Children Act*, a law, which so far does not exist within the Maltese Islands, to further support the professionalization of foster care services, has long been waited by practitioners. It is hoped that this is amongst the next steps.

## **CHAPTER 4**

# **RESEARCH METHODOLOGY**

## **Introduction**

Following a thorough examination of the different research methodologies, the researcher needs to identify the research methods best suited for a study. To arrive at this stage, the researcher has to evaluate which are the methods mostly likely to satisfy the aims of the research questions. As outlined in Chapter 1, the research questions of this thesis are the following:

1. Who are the children in Maltese foster care?
2. From the family of origin, with whom are fostered children most likely to be in contact?
3. What are foster carers' views about contact?
4. What are children's views and contact experiences with the family of origin?
5. What are fostered children's wishes about contact with their family of origin?

The study subjected the data to quantitative and qualitative procedures. The quantitative component is a survey of social work case files. In the absence of inferential local research, the survey study captured, for the first time, knowledge about the care careers of children and basic information of contact experiences. In this thesis, direct research with children and foster carers followed the survey study of social work case files. Direct research with children and foster carers comprises the qualitative component and explores the experiences of contact between fostered children and their family of origin.

In the following sections, an explanation of the mixed methods approach is provided. This chapter also discusses the process of research and focuses on the ethical aspects. An explanation of the different data collection methods namely the questionnaires, pictorial vignettes, visual spatial techniques, and interviews is given. Finally this chapter concludes by explaining the data analysis used in this thesis and the limitations of this study.

### **A Mixed Methods Approach**

To answer the research questions (see above and Chapter 1) this study opted for a mixed methods approach. Methodological triangulation (Denzin & Lincoln, 1994) was identified as best suited to answer the research questions and collect the data. According to Tashakkori & Teddlie (1998):

Methodological triangulation involves the use of both qualitative and quantitative methods and data to study the same phenomena within the same study or different complementary studies (p.18).

In this thesis, different complementary studies were carried out. The sequential mixed method design was selected (Creswell, 1995). Sequential study designs occur when the researcher first conducts qualitative and subsequently the quantitative phase or *vice-versa* (Tashakkori & Teddlie, 1998). The sequential study design is not unique to this study. Other studies adopt a mixed methods approach (see Cleaver, 2000; Farmer *et al.* 2004; Sinclair *et al.* 2000). These studies make use of different approaches in their endeavour to study children and young people's contact arrangements with the family of origin, amongst others. Surveys (see Sinclair *et al.* 2000;

Farmer *et al.* 2004; Cleaver, 2000) and intensive studies (Cleaver, 2000) are carried out.

The first approach taken up in this study is a survey of children's social work case files. This was the first of its nature within the Maltese Islands but is similar to other studies conducted by researchers in England. Both Cleaver (2000) and Farmer *et al.* (2004) conducted a survey of social work case files. 'Surveys are used today to collect data on almost every conceivable subject.....' (Rodeghier, 1996, p.1). A survey is often used to collect baseline data and develop a picture of the issues, which can be further explored during a second stage of the study.

In the Maltese Islands, statistics and inferential quantitative data about children residing in foster care are scarce. The available data have limited research value, only providing the total number of children looked after in foster care (see Galea-Seychell, 2002). Research on children's care careers in fostering and any other studies of their experiences in fostering is a sporadic endeavour (see Abela *et al.* 2005). The aim of this study is to capture a snapshot of children residing in foster care and to map their care careers as a result of the quantitative methodology of surveys.

The decision to undertake a survey of social work case files of Maltese fostered children featured as the most natural step to gain a picture of their circumstances. Prior to embarking on the study of contact experiences of Maltese fostered children, the researcher identified that a map of children residing in foster care was needed. This would help to fill the research

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

vacuum in Malta. It also provided a context in which the researcher could develop the main objective of this thesis, that is, the study of contact arrangements of Maltese fostered children with their birth families. Quantitative analysis was carried out to map children's care careers. In response to the survey results, the researcher developed the next phase of the research; the intensive study of contact arrangements.

As explained in Chapter 1, the study of contact arrangements between children in foster care and their family of origin is the main objective of this thesis. In the literature review (see Chapter 2) the study of contact experiences is identified as extensive in the UK and other countries. This, however, is not the state of affairs in the Maltese Islands. No local previous research of contact arrangements and looked after children had been published. In response to this vacuum, the researcher wanted to explore this phenomenon. Following a review of different studies carried out beyond the Maltese shores, the researcher identified a number of qualitative methods that might be appropriate for this study.

The intensive study built on the results of contact arrangements identified in the survey study. The survey of social work case files collected basic but limited information about contact. Though providing information about the frequency of contact and those involved, this was insufficient to capture an understanding of the contact experiences of fostered children with their family of origin. As a result, the intensive study focused on the experiences of contact between children and their family of origin. Different qualitative techniques were selected, which are described below. The data were mostly

analysed by qualitative analysis, though to a limited extent quantitative analysis was also selected when demographics were analysed.

Children are the key informants of the intensive study and, to lesser extent, their foster carers. As Waterhouse (1999) and Baker (2006) have suggested, these participants provide valuable information about contact experiences and their views are a unique contribution to knowledge. 'The findings have underlined how powerful foster carers' attitudes can be when considering the question of contact' (Waterhouse, 1999, p. 216) and 'the findings in this study support the emphasis in the literature on the need to ascertain .....children's views of contact and on the need to work with them' (Baker, 2006, p.25).

Children's involvement in this part of the study was tackled from a participatory approach (Christensen & James, 2000; Lewis & Lindsay, 2000; Punch, 2002; Holland *et al.* 2010). Children are identified as active agents and their participation crucial to the understanding of the phenomenon of contact arrangements. Fraser (2004) refers to research with children as an endeavour carried out with them rather than about them. In the intensive study, the researcher was taken on a journey with children and together with them explored their experiences. This mostly occurred as children had the opportunity to consent and share their experiences (Alderson, 2004).

In qualitative research, without the development of a rapport with research participants, the researcher is unable to understand the phenomenon under



study (see Duncombe & Jessop, 2002; Watts, 2008). Watts (2008) suggests that 'rapport is mutually constructed between those who can empathise with each other and is developed through the willingness of each to look into the world of the other' (p.7). Research with children is not straight forward (Woodhead & Faulkner, 2000). The researcher is often in a position of 'power' (Robinson & Kellett, 2004). A power position implies an imbalance in how decisions are taken and very often it is the adult world, which prevails over the children's world. 'The research process all but circumvents the children themselves, denying them the competence to understand, give consent or contribute to the research' (Robinson & Kellett, 2004, p. 85). With this in mind, in this study, the researcher went at length to minimise, where possible, the distance inherent between her and the participants (Alderson, 2004) and to develop an honest and genuine rapport (Watts, 2008). Interviews were carried out in children's territories and participant friendly approaches (Fraser, 2004) selected. The ethical aspects of research such as giving consent were constantly kept in mind and monitored (Alderson, 2000). Children were given the opportunity to consent or refuse to participate in the study (see Informed Consent below, pp. 101 to 103).

Different data collection methods with children were selected to ensure participant friendly approaches namely: pictorial vignettes, visual spatial techniques (ecomaps) and interviews. Pictorial vignettes and visual spatial techniques (ecomaps) were used by Brannen *et al.* (2000). These techniques are applied to tap systematically into children's beliefs about a controlled situation (Finch & Mason, 1993; Hill, 1997; Brannen *et al.* 2000). In this study, pictorial vignettes were also used by the researcher as a means to

break the ice and to introduce children to the theme of contact. Tackling a sensitive subject in a limited time requires methods that successfully help the researcher to build a rapport with children, who in turn feel comfortable in expressing their views about the topic. As Brannen *et al.* (2000) argue:

it is evident in children's interpretations of the vignette situations that some children, on some issues, projected their feeling about events and relationships in their own lives onto the characters and situations in the vignettes (p.26.).

Throughout the interviews, the pictorial vignettes and visual spatial techniques (ecomaps) were used as tools which clearly facilitated the dialogue between the children and the researcher.

The views of foster carers were also explored. Waterhouse (1999) suggested that foster carers' views are significant in understanding contact experiences. Foster carers' attitudes are seen as 'powerful' 'when considering the question of contact' (Waterhouse, 1999, p.216). An interview and a questionnaire were administered to foster carers. The questionnaire tapped into foster carers' knowledge of the children's care background and contact experiences. On the other hand, the interview elicited foster carers' views about their experiences in managing contact. More detail about these methods is found in pages 105 to 120 and appendices (see Appendices II to VII).

In a nutshell, different data collection methods were used. A survey was selected to learn about the children in foster care. The intensive study was developed in response to the survey findings. Specific data collection methods were selected as they sensitively tapped on the participants' views. Finally all methods were seen as best suited to answer the five research questions the study set out to investigate.

### **Conducting Research and Ethical Aspects**

Different steps are taken in the research process. There is preparation before data collection, the data collection *per se* and the analysis following the data collection. Each and every research study carried out with vulnerable people, and particularly with children, is fraught with ethical considerations. Children are vulnerable participants and the researcher has a responsibility to assess children's resilience (Liamputtong, 2007). Resilience is assessed to ensure that children can cope with the research process and the impact it can have on them. Steps are taken to ensure ethical probity. In this section, an explanation of the steps taken is provided.

#### ***The Survey Study***

In all research projects carried out in Malta, prior to data collection, the researcher is bound to discuss data protection and ethical issues with the local Data Protection Office. In this study, these discussions occurred during a time, when within the Maltese Islands, the Data Protection legislation had been recently enacted. As a result, a range of discussions were held between the researcher and the data protection officers. In order to adhere to the new

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

data protection regulations, the Data Protection office was regularly consulted between the 20<sup>th</sup> October 2003 and 11<sup>th</sup> March 2004.

Following these consultations, relevant approvals were sought and secured from the Operations Director of the social work organisation (APPOGG) and from the Children and Young Persons Advisory Board. The former organisation provides services to children in foster care, whilst the board regulates children under a care order. Both consented and the researcher was given full access to the social work case files. No files were taken out of the organisation's premises. This was necessary to ensure confidentiality and adherence to data protection at all times.

Quantitative research also involves the testing of the data collection method. In this study, the questionnaire was pre-tested with one case file during June 2004 and the data collection exercise commenced on 3<sup>rd</sup> August 2004 and ended on 24<sup>th</sup> March 2005. A survey of the total cohort of 136 children, who were in foster care until 31<sup>st</sup> March 2004, was carried out. All social work case files of the total cohort were surveyed.

Quantitative research is a structured endeavour. During data collection and after this exercise there are other steps. The following steps were carried out in this study. Each questionnaire was coded. Each case file was reviewed and relevant information was jotted down. This process took an average of one hour per case. During certain instances and as a result of lack of structure within some case files, the exercise was rather laborious. In such cases, the researcher invested an average of 2 hours but never exceeded 4 ½

hours. The researcher identified the sections within the case files that were relevant to the questionnaire. The sections were thoroughly read and re-read and data were then noted in each coded questionnaire.

The survey preserved confidentiality and was very effective in capturing baseline data about Maltese fostered children. Nonetheless, the method selected was by no means ideal. The researcher is realistic that certain information collected from secondary sources relies on other people's judgements. In this case, some information relied on social workers' perceptions. On the whole, the social work case files of each and every child were similarly organised. When information was unclear, the researcher checked it with the social worker in charge of the case and clarified the issues. Furthermore, upon completion of data collection, any information that could in any way identify the children was removed.

The researcher was involved throughout the whole research process. The following tasks were all carried out by the researcher: i) questionnaire development, ii) data collection exercise, iii) data inputting and iv) data analysis. Though it was a lengthy endeavour and some tasks could have been easily subdivided and shared with others, the process respected validity and reliability issues. These are issues which often give rise to discussions and dilemmas during the adoption of quantitative techniques, particularly survey studies (Fink & Kosecoff, 1985; Rodeghier, 1996). For example, data collection carried out by one researcher preserves inter-rater reliability (Black, 1999). It was for this reason that the researcher opted for such a

lengthy process. On completion of the survey study, the researcher went onto the next phase of the research namely: the intensive study.

### *The Intensive Study*

The intensive study was a natural progression from the previous phase of the research, the survey. In the survey study, the total cohort of children residing in foster care was studied. In the intensive study, 42 children fulfilled the criteria of being under a care order, residing in foster care until 31<sup>st</sup> December 2005 and over the age of four years. Younger children were not included due to the sensitivity of the subject matter but also due to communication difficulties. Children under a care order were selected because the researcher believed these children's views were likely to represent the most complex contact issues of children in foster care.

One of the conditions of doing this research was that a list of the children who were participating in the study had to be submitted to the Children and Young Persons Advisory Board. The board has the responsibility for children under care orders in the Maltese Islands. During April 2006 approval was granted by the Board.

As well as gaining consent from the Children and Young Persons Advisory Board, it was necessary for the researcher to present the research proposal to the University of Malta Human Subjects Research Ethics Committee. This is the committee approved by the Data Protection legislation for research undertaken within the Maltese Islands and which operates to standards commensurate with those in the UK and the European Union. Since the

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

study was carried out in the Maltese Islands, the researcher was obliged to submit to this committee. Contact with the Human Subjects Research Ethics Committee was established at the end of April 2006. The committee had only just been set up. The process for approving this research study was pioneering since it was the first time that any research proposal external to the University of Malta had been tested by the system. Approval by the said committee was granted without any conditions during July 2006.

Upon gaining all required approvals, a meeting was held between the researcher and the fostering social work team to discuss ways of gaining consent from the individual children and foster carers. This is part of the process to recruit the research participants. Out of the total of 42 children listed, the social workers recommended 35 to be interviewed. Social workers believed that the remaining 7 children were extremely vulnerable and they thought it would have been inappropriate for these children to participate in the study. In research the issue of participants' vulnerability and a thorough assessment of participants' resilience are of utmost importance (Liamputtong, 2007). As a result, in this study, all necessary steps were taken to protect vulnerable participants.

The researcher thoroughly briefed the social workers about the study and the social workers agreed to make preliminary contact with the foster carers. During contact with the foster carers, social workers explained the purpose of the study and asked foster carers for their consent to participate in the study. Following social workers' contact, a total of 27 foster care participants agreed to participate in the study.

Contact details of willing participants were given to the researcher at the end of December 2006. The researcher telephoned willing participants and once again explained to them the purpose of the study. At this stage, a total of 23 participants fully consented to participate and arrangements to visit children and foster carers in their own homes were agreed upon. From the last original list of 27 participants, 4 carers refused to participate. The reasons for refusing were health problems, child reunited with the family of origin, another child was adopted and one foster carer showed severe apprehension. The level of attrition in this study was commensurate with other studies in the area (see, for example, Cleaver, 2000).

#### Informed Consent

As suggested earlier, consent for children to participate had been given by the Children and Young Persons Advisory Board. The researcher wanted to make sure that individual children did not feel in any way compelled to participate. The researcher provided children with a consent form. The consent form was read to each child. An explanation about both the purpose of the study and consent was given. At this stage one of the children refused to participate. The foster carer tried to encourage the child to participate.

However, the researcher intervened and stressed how important it was to accept children's decisions. This is 'respectful research' (Alderson, 2004 p.110). The researcher calmly accepted the child's decision and ended the encounter. This ensured that children were aware of the aims of the research and were in charge of the decision to participate or not. As a result in total, 22 out of the 23 children were interviewed.



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

All children were given an opt-out option both at the beginning of the interview and at any point throughout the study. A red card was prepared, which was another tool for children to use when they wanted to refuse to answer (see Aldgate & McIntosh, 2006). Research between an adult and a child is inherent with an imbalance in power. Even if the researcher tries to mitigate this imbalance, power cannot be easily dispelled (Robinson & Kellett, 2004). The red card technique goes some way to give children a sense of power and control. It is a technique which attempts to balance the power relation.

Foster carers were also given a consent form and an opt-out option both at the beginning of the interview and throughout the study. All 21 carers agreed to participate and were interviewed. Both interviewed children and foster carers were given the researcher's telephone number. The telephone number was given in case they wanted to further discuss the study or had any queries following the study. Following the data collection exercise, only one carer established contact with the researcher. Her query was not related to the study but a personal difficulty. The researcher once again explained her role and referred the foster carer to the appropriate channels to address her concern. This can very easily occur in research particularly when a rapport is established between the researcher and the participants (see Cleaver & Freeman, 1995). Nonetheless, in these cases, the researcher must also be aware of the researcher's role and understand the boundaries.

The researcher undertook preparatory work and was well equipped in tackling challenging situations when interviews were conducted between

March and April 2007. Sensitively approaching vulnerable children and foster carers was the major concern throughout both the study's preparation and the data collection process. As Schofield *et al.* (2000) report 'interview strategies therefore need to include subtle ways of helping children show us some of their real concerns, without challenging defences' (p.20). The different methods adopted in the intensive study secured a sensitive approach towards children considered as the most vulnerable participants. Prior to the interviews, the researcher also carried out arrangements with the APPOGG - Psychological Services. A psychologist was available in case children were distressed as a result of the interview and needed a psychologist to debrief them.

### **The Participants and the Interview Process**

Twenty two (22) interviews were conducted with children (see pp. 100 to 101) and 21 with foster carers. Twenty two children were living with 20 of the foster carers (see p. 101). One foster carer was interviewed but the child was not interviewed as he wished to withdraw from the research but the child's details were retained for the quantitative analysis. Each interview lasted on average one hour and at least 45 minutes. Two interviews lasted a maximum of an hour and a half. The length of an interview with a child depended on the age of the child. The older the interviewee, the longer was the interview. Debriefing was part of the process. This ensured that participants were given the opportunity to take control and close any matter which they felt needed closure. Thus after each interview, children were asked how they felt throughout the course of the interview. In general, all children thought it was an enjoyable experience. Foster carers also provided

positive feedback either directly or through their social workers. Both children and foster carers were informed if they had any concerns following the study, they could either establish contact with their social workers or communicate directly with the researcher. Children were also informed that a psychologist's service was available should they feel distressed.

The identity of all children and carers was protected. All names used in the study are pseudonyms to protect the identity of the research participants. Children were asked to choose their pseudonyms. As a result children, foster carers and family members were given different names. The researcher went to great lengths to anonymise the participants. The researcher, however, is aware that participants might recognise themselves or their words.

The interviews were all carried out in Maltese. This was the preferred language of this study's participants. They all felt most comfortable to express themselves in Maltese. As a result the researcher had an additional challenge. Quotes from the interviews were kept as faithful as possible to the original but were translated from the local language to English. Some changes were carried out to make sure that expressions were understood. When working in a bilingual context, this is expected. The researcher was aware of such difficulties and opted to mitigate such difficulties by going to the painstaking lengthy process of carrying out all interviews, transcriptions and data analysis. This laborious exercise ensured that the researcher was well aware of what was discussed during the interviews and when the analysis was conducted, the findings reflected the original sentiment of the participants.

## **The Data Collection Method**

To answer the different research questions, the researcher selected a range of research methodologies. As explained earlier (see p. 90), a triangulation of both quantitative and qualitative methods is present in this study. In this section, an explanation of the survey study and the intensive study data collection methods with children and foster carers is provided.

### ***The Survey Study***

A survey of social work case files was carried out following the preparation of a questionnaire by the researcher. Five key works, namely Cleaver (2000), Schofield *et al.* (2000); Ward & Skuse, (2001); Statham *et al.* (2002) and the *Framework for the Assessment of Children in Need and their Families* (Department of Health *et al.* 2000) were reviewed. The researcher developed the questionnaire on the basis of these research studies and the assessment document. Different variables were identified from these works. The aim was to develop a questionnaire which collected data about the experiences of looked after children in the Maltese foster care system.

Demographic and other relevant variables feature within the questionnaire. The following are the main variables present within the questionnaire: age, gender, locality, ethnicity, disability/learning difficulty (if any), legal status, type of care and foster placement, reasons for entry into care, length in care, moves and reasons for moves, contact and siblings' details. Other variables namely children's health, educational attainment and emotional/behavioural concerns are also found in the questionnaire (for more details see Appendix II: Questionnaire). In the social work case files, no data were available

about foster carers. As a result information about foster carers was not collected from the files.

### Age and other Demographic Variables

In total six age variables are included in the questionnaire. The first two age variables correspond to the children's age as at 31<sup>st</sup> March 2004. The first variable is a scale variable. The second is an ordinal variable with the following age categories: 0-2 years, 3-4 years, 5-9 years, 10-14 years and young persons aged 15 years and over. The same categories of the ordinal age variable are used within the *Framework for the Assessment of Children in Need and their Families* (Department of Health *et al.* 2000). Subsequent ordinal age variables within the questionnaire are similarly categorised.

The third and fourth age variables investigate children's age when they first came into care. These two variables, namely a scale and an ordinal variable, throw light on the children's care experiences. These variables capture information about whether children's entry into the care system occurred at a young age or whether the experience in the care system took off at a later stage in their life.

Somewhat different though related to the previous two variables, the last two age variables (a scale and an ordinal variable) capture data about the children's age when admitted to the current foster placement. The relevance of such data is identified by Schofield *et al.* (2000) as being significant in capturing a comprehensive picture of the experiences of looked after children.

Other variables identified as significant to the drawing up of a map of Maltese children in foster care are gender (female/male), ethnicity (Maltese/Mixed parentage) and the possible presence of a disability/learning difficulty. In addition to these variables, children's locality of origin is also included. This variable is further coded into regions and districts of origin. According to the National Statistics Office (Malta), the Maltese Islands are divided in three regions (North Westerly, South Easterly and Gozo & Comino). These are then further sub-divided into six districts (Western District, Southern Harbour District, South Eastern District, Northern District, Northern Harbour District and Gozo & Comino).

#### Legal Status

The legal status of fostered children features amongst the main variables, which provides an understanding of the out-of-home care experience. The researcher believed that such variables could not be left out of the equation of the fostering experience. Within the Maltese legal system, children's legal status can be one of the following: interim care order, care order, court order and voluntary agreement.

##### i) Interim Care Order

An interim care order is valid for the total of 21 days. A decision to drop or proceed with a full care order is often taken within this period. However, another interim care order can still be issued. An interim care order is issued by the Minister for Social Policy upon the recommendations of social workers. Social workers carry out investigations and present a report to the Minister. The latter then acts upon their recommendations.

## ii) Care Order

A care order is formally requested by the Director in charge of the Department for Social Welfare Standards. A care order does not necessarily require the issuing of a previous interim care order. When a care order is issued, the children are under the care of the Minister. A care order may last up to the eighteenth birthday of the child. However, an objection to a care order can be presented in court by the parents. The court considers the validity of such an order and may request its removal (Laws of Malta, 2002). In case the court does not request its removal, the Minister may still decide to remove a care order, particularly if circumstances of the child's family change.

## iii) Court Order

A court order is, on the other hand, a decision taken by the court. In most cases the decision is taken by the Family Court. On the basis of this decision, children are not placed in the care of the Minister but the court identifies suitable individuals who will have the care and custody of the child. The court may also decide on a residential order, which means that the custody is kept by the family of origin but the residence of the child is somewhere else.

## iv) Voluntary Agreement

Voluntary agreement occurs when the birth family consents to the child's admission in out-of-home care. One of the parents or both voluntarily transfer the care responsibility to other carers. On the other hand, custody is still the right of the family of origin (Laws of Malta, 2002). Though legally the parents should present a formal request to admit their children to care, in reality this is not the local practice (see Chapter 3). The family of origin

often reverts to identifying suitable carers and directly admits children to the care of identified carers (personal communication with APPOGG Operations Director, 2006).

### Type of Care

The questionnaire also includes type of care as one of the variables. Three categories of care: kinship care, non-related care and social contact care were identified following the review carried out on the fostering developments in the Maltese Islands as presented in Chapter 3.

Kinship care is the availability of related carers who take over the responsibility for the care of their family relatives' children. On the other hand, both non-related care and social contact care are defined by the presence of individuals who care for children but do not have any blood relation to the child. Non-related care is the service available to the child in a formal manner. Non-related carers undergo the training of the fostering services and foster directly through the official fostering services.

Social contact carers, though also unrelated to the child, are available to the child prior to the formality of a fostering service. They initially care for the children by relieving the residential carers. They often offer a temporary placement to children during holidays and on special occasions, until some finally decide to care for the children on a full time basis. Eventually, most of these carers who foster long term undergo the fostering training and enter within the formality of the system. This, however, occurs only after having cared for the child.



### Type of Placement

In the literature, there is often a typology of placement. This typology has been divided in five categories: short term care, intermediate term, long term, respite and specialist fostering (Triseliotis, 1989). Triseliotis (1989) defines short term fostering between 8 to 12 weeks. Triseliotis (1989) also suggests that intermediate fostering is between three months and up to 3 years. Similar to short term fostering it aims to provide a service whereby children can be supported to return to their family home. Children in long term placement remain for a long period, which according to Triseliotis (1989) is likely to provide continuity of care. This author also explains that this type of fostering, for various reasons, 'has a firm place in social work planning' (p.8). The final two categories are respite and specialist fostering.

In Malta, respite care is also considered as an emergency placement. This is included to identify the difference between short term care and respite care. It may be a one off period of short term care or it may be a planned series of short term breaks over months or years. This may also be available to the family of origin over a number of years, particularly to support parents. Specialist fostering is also separately presented to assess whether this type of care is present within the local context. This type of care depends on children's needs and targets children with disabilities or children with challenging behaviours. In Malta there is no categorisation of type of placement. Placements are available according to a child's needs (see Chapter 3).

Length in Foster Placement and Reasons of Entry in Care

The researcher developed categories based on the work of Statham *et al.* (2002). Therefore, to study the length of stay in the current foster placement, an ordinal variable with six categories is included. The following six categories: under eight weeks, eight weeks to six months, six months to one year, one year to two years, two years to five years and five years and over are used within the questionnaire. Apart from this ordinal variable, the length of care is also measured by two scale variables: number of days in current placement and a total number of days in care.

This questionnaire also includes other variables identified as relevant to the drawing up of a map of the Maltese fostered children's cohort. Reasons for entry into care echo reasons identified in the studies of Statham *et al.* (2002) and Schofield *et al.* (2000). The reasons are divided in three main categories namely: child issues, parental issues and external. Each category is further subdivided to draw out further detail about the reasons children enter care (see Appendix II: Questionnaire).

Apart from reasons for entry into care, the survey also focuses on whether the children experienced previous placements, what sort of previous placements, that is, residential and/or foster care and includes reasons for last moves. These variables, to a large extent, mirror the work of Ward & Skuse (2001).

Contact Arrangements and Family Members

In her study, Cleaver (2000) sees contact with the birth family not only as a legal requirement but also significant to the children's wellbeing. Since children's contact experience with the family of origin is the main theme of this thesis, the questionnaire includes different variables earmarking this theme.

A nominal variable is selected to capture whether children are in contact with the family of origin. Furthermore, an additional nominal variable, namely: who are the family members the child has contact with, is also included. Similar to Schofield *et al.* (2000), the variable frequency of contact with the different family members is included in the questionnaire. Variables, contact under supervision and the venue of contact, are found in the questionnaire. These are additional variables important to capture other information about the cohort's contact experiences with the family of origin.

Dunn & McGuire (1992) and Mullender (1999) highlight siblings' relationships as a significant factor contributing to the wellbeing of children. In her recent monograph, Dunn (2008) explains that 'siblings, like parents, have the potential to provide security and comfort to children when they are in distress' (p.19). As a result, in this study, the sibling relations are studied by means of twelve variables. In the questionnaire these variables are the presence of siblings, whether they are placed together and if not, whether they are at home, separately fostered, adopted, living in residential care or are living independently. In addition, the questionnaire also includes information about the presence of other children in the fostering placement.

### Health, Education and Emotional/Behavioural Concerns

Children's health, educational attainment and any emotional/behavioural concerns about them are also included in the questionnaire. These child development dimensions are three of the seven dimensions of the child development listed in the *Framework for the Assessment of Children in Need and their Families* (Department of Health *et al.* 2000). The information collected on these three child development dimensions is not a direct assessment, conducted by the researcher of the children's health, educational attainment and emotional/behavioural concerns but rather a noting of the social work case notes about children's health, educational attainment and emotional/behavioural concerns which have been accessed.

### **Data Collection Methods in the Intensive Study**

A questionnaire with different variables is the tool used in the survey study of social work case files. On the other hand, the intensive study is made up of different qualitative techniques. These techniques are used with children and with foster carers. An explanation of these data collection methods is provided in this section.

### ***Data Collection Methods with Children***

As explained in Chapter 1, in this research study, children are the main informants about contact arrangements with the family of origin. The researcher wanted to hear children's voices about this important matter. Children are viewed as active agents knowledgeable about their experiences and wishes (see Rose, 2006; Holland *et al.* 2010).

Methods of data collection with children were selected following a thorough review of other studies carried out with children (see for example, Brannen *et al.* 2000; Cleaver, 2000; Heptinstall, Bhopal & Brannen, 2001; Schofield *et al.* 2000 and Aldgate & McIntosh, 2006). Children's full participation during the data collection was kept in mind. Three instruments were used in order to collect data about children's views and experiences of contact: pictorial vignettes, visual spatial techniques and interviews. These methods elicit sensitive data from children.

### Pictorial Vignettes

The idea of vignettes was adapted from the work of Brannen *et al.* (2000) who also relied on such a method as a source of data collection, which systematically captured children's beliefs. Five pictorial vignettes were developed (see Appendix III-Vignettes). These vignettes were developed on the basis of five photographs, of real life situations, taken by the researcher. The photographs were digitised and computer generated. Through computer generation distinguishing features of photographed persons were eliminated.

These vignettes were prepared by the researcher to elicit children's views about contact and experiences related to contact. Each pictorial vignette represents a possible contact experience which is familiar to informed participants. The content of these five vignettes was developed from key issues that came out of the survey study's results on contact (see Chapter 5).

Each vignette presents a scenario of a contact experience and how it is possibly experienced by fostered children (see Appendix III – Vignettes).

The vignettes focus on the involvement of different agents that are often present in contact experiences. The role of a social worker in establishing and facilitating contact is present in vignettes 2 and 3. The contact experience between siblings is directly reflected in vignette 1 and, in an indirect fashion, in vignette 2. Contact experiences with parents are present in vignettes 3 and 4. Finally, vignette 5 introduces the concept of contact with a member of the extended family, namely the grandmother.

#### Visual Spatial Techniques: Ecomaps

On completion of the pictorial vignettes, children were presented with ecomaps (see Appendix IV – Visual Spatial Techniques - Ecomaps), that is, visual spatial techniques with four concentric circles. This is another method adapted from Brannen *et al.*'s work (see Brannen *et al.* 2000; Heptinstall *et al.* 2001) and Aldgate & McIntosh (2006). This method is also used by Schofield *et al.* (2000) in their study with children. Two types of ecomaps were designed by the researcher; an ecomap for *experiences of contact* (see Appendix IV - Visual Spatial Techniques - Ecomaps) and another for *desired contact* (see Appendix IV - Visual Spatial Techniques - Ecomaps). By means of these two ecomaps, the researcher focused on some significant issues also identified by Cleaver (2000).

Both visual spatial techniques were designed to map children's thoughts and experiences of contact arrangements with significant people, mainly with the family of origin and others such as foster carers and friends. The method elicits information in a non-threatening fashion. In this study, the researcher gave a list of names (mother, father, sister, brother, siblings, aunt, uncles,

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

grandmother, grandfather and others) from which children could choose and they were asked to complete the two maps by locating the different names they chose. Children were encouraged to rank their preferences by placing names of people who were most significant to them and had most contact or wished most contact with.

During the presentation of the first ecomap (see Appendix IV- Visual Spatial Techniques - Ecomaps, Experiences of Contact), the researcher explained that these concentric circles represented different levels of contact experiences and depending on their experience of contact children were encouraged to place the relevant names in one of the circles. Twenty two (22) children participants were asked to place the names of those with whom they had contact. The most significant people and those with whom they had most contact were to be located in the inner circle, whilst others were to be placed in the other circles depending on children's degree of contact. Thus, the further away children placed the names, indicated the extent to which contact with such people reduced in both importance and frequency. When each child finished his or her first ecomap, the researcher asked the participant about the identities of the people. Further discussion ensued with children talking about their experiences.

To capture children's views about their wished contact, a list of people (mother, father, sister, brother, siblings, aunt, uncles, grandmother, grandfather and others) and a second map with four concentric circles (see Appendix IV – Visual Spatial Techniques - Ecomaps, Desired Contact) were given to children. Children once again were asked to locate the names

of people in the different circles, this time keeping in mind that it was not according to their current experience but according to their wished contact.

In using ecomaps, children are given a free hand to imagine who are the key persons they want most contact with and as deserving to be located in the inner circle. Children are also encouraged to place others with whom they want contact in the remaining circles. Thus the further away children locate the names, so their desired contact reduces in both importance and frequency. Upon completion of the second ecomap, the researcher asked about the identities of the persons and the type of contact experiences they were looking for.

In a nutshell, these visual spatial techniques capture children's views about their own present contact experiences and their wishes about future contact. These techniques give the researcher the opportunity to tap into children's experiences and wishes sensitively.

#### Interview Schedule

The final data collection method carried out with children was an interview. In designing the interview schedule, the researcher bore in mind to ask directly about children's experiences (see Appendix V – Interview Schedule – Children). It was anticipated that the rapport established during use of the two other methods would enable the researcher to ask directly about children's contact experiences and that the children would feel comfortable about moving into the personal realm.



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Upon completion of the first ecomap, apart from discussing the mode and frequency of contact, children were asked to report their views about preparation for contact experiences and their involvement in decision making when it came to contact arrangements. Yet again, upon completion of the second ecomap, the researcher explored with the children the mode and frequency of this contact. Other pertinent issues relating to the significance of contact, feelings attributed to desired contact and their expectations about contact preparation were also explored. Finally, the researcher concluded by asking the children whether social work professionals had taken an interest in asking them about their desired contact experiences.

The interview schedule (see Appendix V – Interview Schedule – Children) covered the following and tapped on themes, which were identified by Cleaver (2000) and Aldgate & McIntosh (2006) as relevant themes in the study of children's contact experiences:

- Mode and frequency of present contact experiences
- Feelings of child before contact occurs
- Preparation prior to contact
- Decision making in present contact
- Feelings and thoughts following contact
- Mode and frequency of desired contact experiences
- Feelings of child before desired contact
- Preparation prior to desired contact
- Feelings about desired contact experiences

- Involvement of children in contact

### ***Data Collection Tools with Foster Carers***

As identified by the literature, foster carers also play a significant role in contact management (Waterhouse, 1999; Triseliotis *et al.* 2000). Furthermore, foster carers' views can enrich the research and provide new insights (see Waterhouse, 1999; Beek & Schofield, 2004). In this study, the views of foster carers were also sought. The researcher designed a questionnaire to be administered during the first phase of the interviews with twenty one (21) foster carers.

### **Questionnaire**

Following a detailed explanation of the study and the informed consent process, during the session a questionnaire was first administered to all foster carers. The questionnaire (see Appendix VI – Questionnaire - Foster Carers) includes themes and information which were employed by Aldgate & McIntosh (2006). It elicits information about the following:

- children's ages,
- previous placements,
- length in current placement
- type of care,
- reason for entry into current placement,
- presence of family relatives,
- mode and frequency of contact with the family of origin,
- carers' average age and

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

- any relevant information which researcher was to be alerted to, to prevent any possible harm to the child.

Interview Schedule

After the interviews with children and the administration of the questionnaire to the foster carers, the researcher concluded the session by conducting a final interview with the foster carers. In this study, the interview initially explored the foster carers' experiences of fostering. In general, the interview schedule (see Appendix VII – Interview Schedule - Foster Carers) covered issues related to contact experiences, which were identified as relevant by Cleaver (2000) and Aldgate & McIntosh (2006). The following are the themes that were elicited during the researcher's interview dialogue with the foster carers:

- Child's contact with family of origin
- Frequency of contact
- Logistics of contact
- Experiences of child during contact
- Hazards of contact
- Supervision during contact
- Carers' views about the importance of contact
- Contact management
- Challenges in managing contact
- Social work support in managing contact
- Making contact management a better experience

### **Analysis of Data**

On completion of the data collection, it is necessary to commence the next phase of the research, namely the data analysis. In this study, once the survey of children's social work case files had been completed, the data were inputted by the researcher in a separate SPSS data file. All data collected were inputted between 2<sup>nd</sup> July 2005 and 25<sup>th</sup> September 2005. The survey was analysed by the Statistical Package for the Social Sciences (henceforth SPSS) version 13. Different statistical techniques were used amongst them Chi-squares, T-tests, Correspondence and Homogeneity analysis.

On the other hand, the qualitative aspect of the study requires other steps to be taken. On completion of data collection, interviews were transcribed between March and May 2007. Data pertaining to the questionnaire administered to foster carers were inputted during June 2007 in an SPSS data file and analysed through SPSS version 15. This time only descriptive statistics were generated and presented.

Qualitative data from the different data collection methods were analysed following the classic methods recommended by qualitative research writers, such as Hammersley & Atkinson (1983), Boyatzis (1998) and Fereday & Muir-Cochrane (2006). Exemplars of thematic analysis from other studies, such as those used in Aldgate & Bradley (1999); Aldgate & McIntosh (2006) and Brannen *et al.* (2000) were also drawn upon. Key themes about foster carers and children's views of contact experiences were identified. As part of the analysis and familiarisation with the data, the researcher read and

re-read the interviews. Following this process, a grid was prepared and data were coded according to the main themes as outlined within the different grids. Examples of the different grids are presented in Appendix VIII – Examples of Analysis Grids. Cross-‘case’ analysis was also carried out. The analysis took a minimum of nine solid months starting from end of June 2007 and finalised by the researcher at the end of March 2008.

### **Limitations of the Study**

This study has several important limitations. The major limitation of this study is the absence of the birth families’ views about contact; how they experience and manage contact experiences. As identified in Chapter 3 and is further discussed in Chapter 6 and 7, children do not go back to the family home. At the time of the study, children experienced long term care. Parents faced certain adversities such as mental health. This impinged on their ability to care for their children and to be interviewed. A lack of mental health community services does not support parental rehabilitation. The absence of interviews with the birth family is the result of parental ill health and the availability of services where primarily parents can rehabilitate and get back their life together.

Social workers’ viewpoints also have not been explored. No formal interviews were conducted with them. Nonetheless, social work case files are analysed and social workers were asked to explain issues related to case files. This study also does not focus directly on disabled fostered children and their contact experiences (Baker, 2006). Yet fostered children with a disability have not been excluded. In addition, refugee and asylum seeking

children experiencing foster care have also hardly featured in this study. Nonetheless, they are likely to feature in future studies. This is most likely to occur since they will be represented in future cohorts of children in foster care.

## **Conclusion**

This chapter has outlined the research methodology of this thesis. It has shown the process of the research including the way in which ethical aspects were managed. The research was designed in phases. The first phase was the survey of social work case files. The survey collected data about foster children's care careers including their contact experiences with the family of origin. On completion of the survey study, the researcher progressed to the next phase of the research, the intensive study.

The intensive study included different data collection techniques, amongst them pictorial vignettes, visual spatial techniques, interviews and a questionnaire. These techniques, with the exception of the questionnaire, were used with fostered children. An interview and a questionnaire were carried out with foster carers. Children and foster carers were identified as playing a key role in contact arrangements with the family of origin. Children were the key stakeholders and so their views were seen as critical to this research study. On the other hand, foster carers' views were seen as enriching the study and providing a different perspective.

From this study, it is clear that proper planning and the appropriate choice of data collection techniques led to the development of a rapport with the

research participants but also to data richness. Whilst this chapter has outlined the research methods, the following chapters (Chapter 5 and Chapter 6) will present the findings and discussion of the survey of social work cases files. The outcome of the survey study is the platform on which the intensive study of contact was developed. The findings and the discussion of findings of the intensive study of contact follow in Chapters 7 to 10.

## **CHAPTER 5**

### **MAPPING MALTESE CHILDREN IN FOSTER CARE: THE SURVEY RESEARCH FINDINGS**



## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

### Introduction

As explained in Chapter 1, the second objective of this thesis was to provide a picture of the children residing in foster care and to map their care careers. This was carried out by means of a survey study of social work case files and the findings of the survey are presented in this chapter. As will be seen in the following sections, children residing in the Maltese foster system did not fall into one homogenous group. Different patterns of their care experiences have also emerged from the data collected.

As reported in Chapter 3, the experiences of children within the Maltese foster care system are diverse. Not all children are cared for by the formal system, but some are cared for by social contacts. Kinship care has grown as a result of the Child in Care Benefit. The cohort of children under investigation has been influenced by these developments. Foster care also evolved in response to legal developments. The survey of social work case files, for example, was carried out prior to the introduction of the *Foster Care Act 2007*. Other legislation such as the *Children and Young Persons (Care Orders) Act 1980* were, however, relevant to defining the children's legal status.

This chapter lays out the findings of the survey of social work case files. It presents baseline data about the total cohort of 136 children who resided in foster care until 31<sup>st</sup> March 2004. This survey study was the first of its nature within the Maltese Islands. It was needed to fill the research vacuum about the

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

profile of fostered children in Malta. As this was the first time these statistics had been gathered, the findings are presented in considerable detail so that they may form a baseline model and provide useful comprehensive data on the demographics and characteristics of fostered children for the Maltese Government and Social Services Department as well as for future research.

Demographic variables such as gender, locality, ethnicity, disability/learning difficulties (if any) and age were analysed. Other variables, amongst them legal status, type of care, duration of care experiences, placement moves, contact arrangements, health, education and emotional/behavioural concerns were also studied. The subsequent sections present the findings of the survey.

### **Gender, Locality, Ethnicity and Disability/Learning Difficulties**

Out of the total number of 136 children looked after in foster care, 71 (52.2%) were males and 65 (47.8%) were females. Seventy (51.5%) children looked after in foster care originally came from the South Easterly region of Malta, the remaining 60 (44.1%) were from the North Westerly region and 2 (1.5%) from the Gozo and Comino region. As explained in Chapter 4, the National Statistics Office divided Malta in three main regions and further subdivided the Maltese Islands in six districts.

Similarly, the results showed this subdivision into six districts of origin. Close to forty-two percent (41.7%) of children originally came from the Southern

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Harbour District, 29.5% from the Northern Harbour District, 11.4% from the South Eastern District, 9.8% from the Northern District, 6.1% from the Western District and only 1.5% from the district of Gozo and Comino (see Figure 5.1).

The findings reported a situation where the relative majority of children came from the Southern Harbour District, considered amongst the least affluent areas within the Maltese Islands.

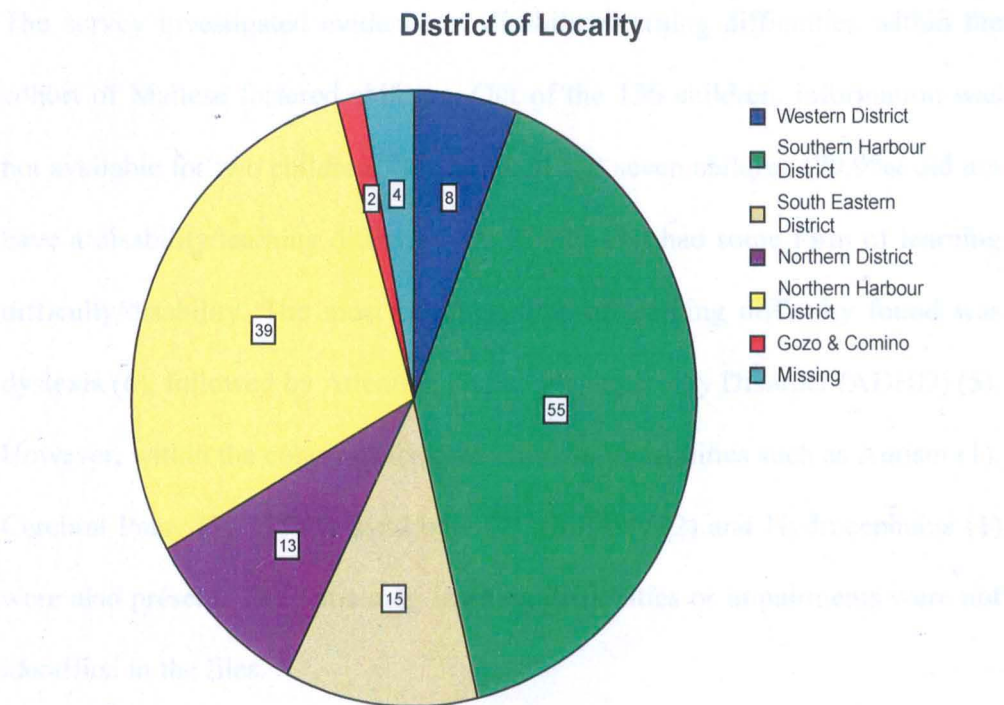


Figure 5.1: Frequency of Children by District of Locality

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

The majority of children (85.3% totalling 116) were Maltese in origin. A total number of 20 children (14.7%) had mixed heritage. Only one child had both non Maltese parents. In most cases, the non Maltese parent was the father. The majority of non Maltese parents were from the African continent, most often from Tunisia, Egypt, Nigeria, and Zimbabwe. One child had a parent who was a European national, namely from England, and another child had an Asian father from Indonesia.

The survey investigated evidence of disability/learning difficulties within the cohort of Maltese fostered children. Out of the 136 children, information was not available for two children. One hundred and seven children (79.9%) did not have a disability/learning difficulty but 27 (20.1%) had some form of learning difficulty/disability. The most common type of learning difficulty found was dyslexia (6), followed by Attention Deficit Hyperactivity Disorder (ADHD) (5). However, within the cohort of fostered children, disabilities such as Autism (1), Cerebral Palsy (2), Downs syndrome (1), Epilepsy (2) and Hydrocephalus (1) were also present. The remaining learning difficulties or impairments were not identified in the files.

### Age

Children's current age at the time of the study ranged between the ages of 4 months to 17 years of age. The mean current age at the time of the study was 8.7 years ( $SD = 4.66$  years). The total number of 10 children (7.4%) was

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

between the ages of 0-2 years (Category 1). Out of these 10 children, 3 were under the age of 1 year. Nineteen children (14.1%) were between the ages of 3-4 years (Category 2), 48 (35.6%) between 5-9 years (Category 3), 39 (28.9%) between 10-14 years (Category 4) and 19 (14.1%) were young persons aged 15 years and over (Category 5) (see Figure 5.2).



*Figure 5.2: Frequency of Children by Current Age at the time of the Study  
(Categories 1- 5)*

Further analysis of the age variable was undertaken. The survey looked at the age when children first went into care and their age when admitted to the current foster placement. Whilst the current age at the time of the study of children looked after in foster care was somewhat evenly dispersed, findings

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

about ages when children first went into care showed a different trend (see Figure 5.3).

Almost three quarters of children, 95 (73.1%), out of the 130 children for whom data were available, first went into care at a very young age between 0-2 years (Category 1). The mean age when children first went into the care system stood at 2.22 years ( $SD = 3.32$  years). Figure 5.3 identifies that children first went into care at a very young age (0-2 years – Category 1) and few and far between went into care at an older age.

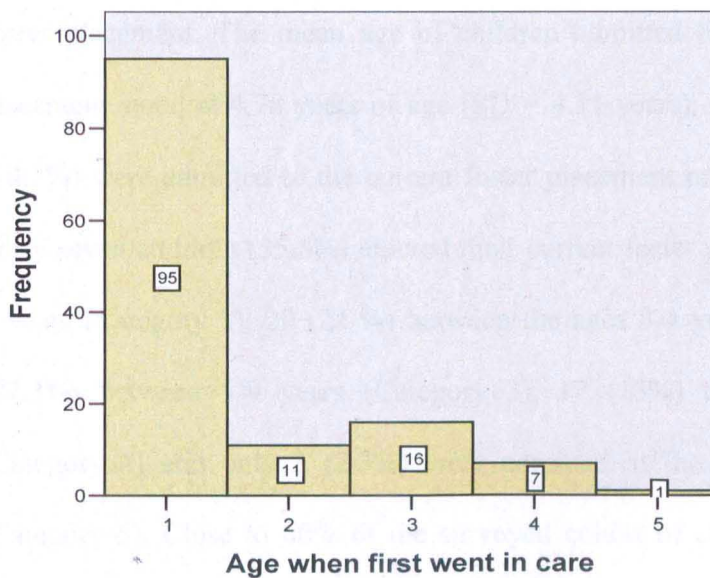


Figure 5.3: Frequency of Children by Age when first went into care  
(Categories 1-5)

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Sixty eight children (52.7%) that is, more than half of the cohort, first went into care prior to their first year. The rest were admitted into care at a later stage. Eleven (8%) were admitted between the age of 3-4 years (Category 2), 16 (12%) between 5-9 years (Category 3) and 7 (5%) between 10-14 years (Category 4). Only one individual entered care at the late age of 16 years (Category 5). The latter was considered an outlier. Therefore, a very large percentage of 81.5% were admitted prior to their compulsory school age. This age stood at the age of 5. These results showed a care career experience which started at a very young age.

The study also surveyed the age when children were admitted to their current foster placement. The mean age of children admitted to their current foster placement stood at 4.78 years of age ( $SD = 4.11$  years). Twenty four children (18.2%) were admitted to the current foster placement prior to their first year. Forty seven children (35.6%) entered their current foster placement between 0-2 years (Category 1), 29 (22 %) between the ages 3-4 years (Category 2), 36 (27.3%) between 5-9 years (Category 3), 17 (13%) between 10-14 years (Category 4) and only 3 (2.3%) were admitted at the age of 15 and over (Category 5). Close to 60% of the surveyed cohort of children moved to the current foster placement prior to the Maltese compulsory school age of 5.

It was found that children were mostly into long term care. There were differences between the following variables: i) the children's current age at the



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

time of the study ( $\underline{M} = 8.7659$ ,  $\underline{SD} = 4.68$ ) and age when children were admitted to the current foster placement ( $\underline{M} = 4.78$ ,  $\underline{SD} = 4.11$ ). There were also differences between the children's age when first went into care ( $\underline{M} = 2.22$ ,  $\underline{SD} = 3.32$ ) and their age when admitted to the current foster placement ( $\underline{M} = 4.78$ ,  $\underline{SD} = 4.14$ ).

A gender difference was also evidenced when children were admitted to the current foster placement. Males were slightly older when they entered the current foster placement ( $\underline{M} = 2.46$ ,  $\underline{SD} = 1.146$ ) than females ( $\underline{M} = 2.03$ ,  $\underline{SD} = 1.098$ ). Boys remained slightly longer either in previous placement or with the family of origin, as applicable.

### **Legal Status and Type of Care**

The children's care career experience was also influenced by two aspects i) their legal status and ii) the type of care. Upon surveying the cohort, it was strikingly clear that Maltese fostered children were in care with the expressed consent of their family of origin. Seventy nine children (58%) were in care on the basis of voluntary agreement, followed by 41 (30%) legally under a care order. Only 16 children (12%) were under a court order. The type of care experienced by children in the current foster placement also varied. Fifty six children (over 41%) were admitted to kin care, and the remaining 80 (59%) were either in social contact care (50 children or 37%) or in non-related care (30 children or 22%). This high percentage of children cared for by kinship



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

carers seemed to relate to the introduction of the Child in Care Benefit (see Chapter 3).

To further investigate whether there was a relationship between legal status and type of care, a chi square test of independence was carried out. A significant association between legal status and type of care ( $X^2 = 25.596$ ,  $df = 4$ ,  $p=0.000$ ) was revealed. Children under a voluntary agreement were more likely to be in kinship care. On the other hand, children under a care order were more likely to be in non-related care (see Table 5.1).

**Legal Status of Child \* Type of Care Crosstabulation**

			Type of Care			
			Non-Related Care	Kinship Care	Social Contact	Total
Legal Status of Child	Care Order	Count	19	7	15	41
		Expected Count	9.0	16.9	15.1	41.0
		% of Total	14.0%	5.1%	11.0%	30.1%
	Court Order	Count	3	6	7	16
		Expected Count	3.5	6.6	5.9	16.0
		% of Total	2.2%	4.4%	5.1%	11.8%
	Voluntary Agreement	Count	8	43	28	79
		Expected Count	17.4	32.5	29.0	79.0
		% of Total	5.9%	31.6%	20.6%	58.1%
Total	Count	30	56	50	136	
	Expected Count	30.0	56.0	50.0	136.0	
	% of Total	22.1%	41.2%	36.8%	100.0%	

$$X^2 = 25.596, df = 4, p = 0.000$$

*Table 5.1: Legal Status by Type of Care*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Further analysis was undertaken to extrapolate the significance of the gender variable in the relationship between legal status and type of care. Another chi square test of independence was carried out. The results showed that the introduction of a third variable had no effect on the significance of the relation between legal status and type of care (see Table 5.2). In this case, there was a significant relation for both males ( $X^2 = 14.183$   $df = 4$ ,  $p = 0.005$ ) and females ( $X^2 = 13.189$ ,  $df = 4$ ,  $p = 0.010$ ). Children under a voluntary agreement were more likely to be in kinship care irrespective of gender.

Legal Status of Child \* Type of Care \* Gender Crosstabulation

Gender				Type of Care			Total
				Non-Related Care	Kinship Care	Social Contact	
Male	Legal Status of Child	Care Order	Count	11	2	11	24
			Expected Count	5.7	8.1	10.1	24.0
			% of Total	15.5%	2.8%	15.5%	33.8%
		Court Order	Count	1	4	5	10
			Expected Count	2.4	3.4	4.2	10.0
			% of Total	1.4%	5.6%	7.0%	14.1%
		Voluntary Agreement	Count	5	18	14	37
			Expected Count	8.9	12.5	15.6	37.0
			% of Total	7.0%	25.4%	19.7%	52.1%
	Total		Count	17	24	30	71
			Expected Count	17.0	24.0	30.0	71.0
			% of Total	23.9%	33.8%	42.3%	100.0%
Female	Legal Status of Child	Care Order	Count	8	5	4	17
			Expected Count	3.4	8.4	5.2	17.0
			% of Total	12.3%	7.7%	6.2%	26.2%
		Court Order	Count	2	2	2	6
			Expected Count	1.2	3.0	1.8	6.0
			% of Total	3.1%	3.1%	3.1%	9.2%
		Voluntary Agreement	Count	3	25	14	42
			Expected Count	8.4	20.7	12.9	42.0
			% of Total	4.6%	38.5%	21.5%	64.6%
	Total		Count	13	32	20	65
			Expected Count	13.0	32.0	20.0	65.0
			% of Total	20.0%	49.2%	30.8%	100.0%

$$X^2 = 14.183 \text{ df} = 4, p = 0.005 \text{ (Male)}, X^2 = 13.189 \text{ df} = 4, p = 0.010 \text{ (Female)}$$

Table 5.2: Legal Status by Type of Care by Gender

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A Study of Contact Arrangements for Fostered Children in Malta

Furthermore, children under a care order were more likely to be in non-related care irrespective of their gender.

A homogeneity analysis (see Figure 5.4) provided a visual figure of interactions between the three variables: legal status, type of care and gender. The two dimensions extracted by *HOMALS* had eigen values of 0.494 and 0.380 respectively, indicating that Dimension 1 was slightly more important in the overall picture. Figure 5.4 presented a plot of category quantifications, which showed the average scores on two dimensions of all the responses that fell within that category.

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A Study of Contact Arrangements for Fostered Children in Malta

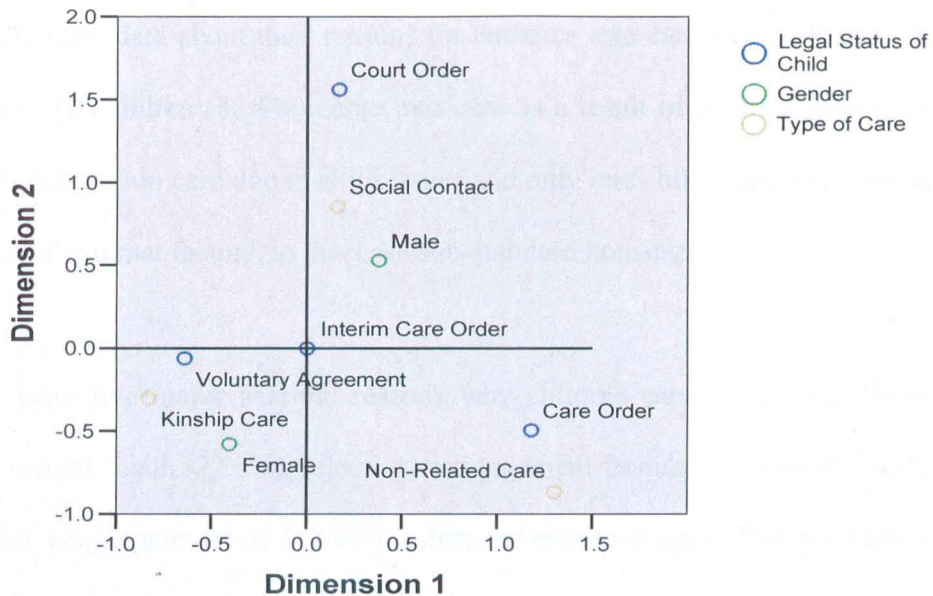


Figure 5.4: Homogeneity Analysis - Legal Status by Type of Care and Gender

The homogeneity analysis presented four sections whereby the responses were plotted and graphically showed a two dimension picture, which identified emerging patterns. Children under a care order were more likely to be in non-related care, and an interplay between kinship care and voluntary agreement could also be identified. Though chi square tests of independence did not show the significance of the third variable gender as impacting on legal status and type of care, yet the homogeneity analysis identified the increasing presence of males in social contact and females in kinship care.

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

### **Reasons for Entry into Care**

To gain a deeper understanding about the experiences of children looked after in foster care, data about their reasons for entrance into care were collected. A total of 112 children (82.4%) came into care as a result of parental issues, 23 (16.9%) came into care due to child issues and only one child came into care as a result of external factors, in this case sub-standard housing.

There were five major parental reasons why children came into care. These were: mental health (22.3%), rejection, estrangement from/or collapse of family (22.3%), single parenthood (17.9%), substance misuse/drugs (17%) and family under stress (6.6%). Other reasons, namely no parents, physical illness, substance misuse/alcohol, offending and domestic violence, were other parental reasons leading to the child's entrance into the care system but were least prevalent in this cohort (see Figure 5.5).

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## Reasons for entry into care - parental Issues

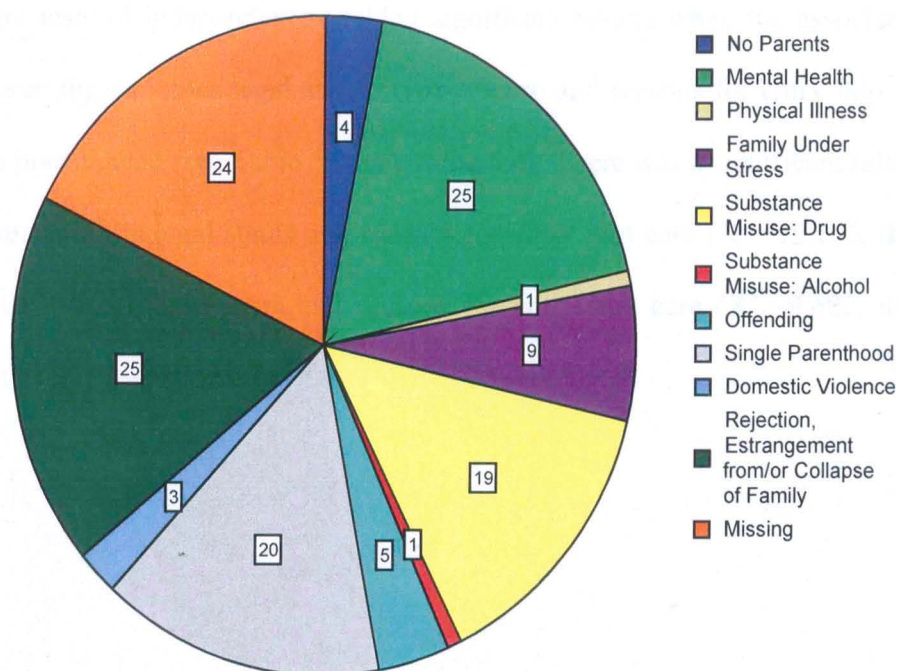


Figure 5.5: Frequency of Children by Reasons for Entry into Care (Parental Issues)

The occurrence of a disability/learning difficulty and abuse/neglect were the two main child reasons for children’s entry into care. Abuse/neglect featured in 19 (14%) children whereas disability in only 4 (3%). Physical neglect (11) followed by physical abuse (7) featured as the two major types of abuse recorded for this cohort.



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A Study of Contact Arrangements for Fostered Children in Malta

Reasons for entry into care were further analysed by introducing other variables and running chi square tests of independence and a homogeneity analysis. Chi square tests of independence yielded significant results when the associations between the variables legal status, type of care and reasons for entry into care were investigated (see Table 5.3 and Table 5.4). There was a significant relation between child's legal status and reasons for entry into care ( $X^2=12.106$ ,  $df=4$ ,  $p=0.017$ ) and type of care and reasons for entry into care ( $X^2=9.622$ ,  $df=4$ ,  $p=0.047$ ).

**Legal Status of Child \* Reasons for entry into care Crosstabulation**

			Reasons for entry into care			
			Child Issues	Parental Issues	External	Total
Legal Status of Child	Care Order	Count	13	27	1	41
		Expected Count	6.9	33.8	.3	41.0
		% of Total	9.6%	19.9%	.7%	30.1%
	Court Order	Count	1	15	0	16
		Expected Count	2.7	13.2	.1	16.0
		% of Total	.7%	11.0%	.0%	11.8%
	Voluntary Agreement	Count	9	70	0	79
		Expected Count	13.4	65.1	.6	79.0
		% of Total	6.6%	51.5%	.0%	58.1%
Total	Count	23	112	1	136	
	Expected Count	23.0	112.0	1.0	136.0	
	% of Total	16.9%	82.4%	.7%	100.0%	

$$X^2 = 12.106, df=4, p=0.017$$

*Table 5.3: Legal Status by Reasons for Entry into Care*

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A Study of Contact Arrangements for Fostered Children in Malta

Parental issues and voluntary agreement were significantly associated. More than fifty one percent of children on a voluntary agreement were admitted to care as a result of parental issues (see Table 5.3).

Furthermore, parental issues were also significantly associated with kinship care. Table 5.4 indicated that 38.2% of children were admitted into kinship care due to parental issues.

Type of Care * Reasons for entry into care Crosstabulation					
		Reasons for entry into care			Total
		Child Issues	Parental Issues	External	
Type of Non-Related Care	Count	9	21	0	30
	Expected Count	5.1	24.7	.2	30.0
	% of Total	6.6%	15.4%	.0%	22.1%
Kinship Care	Count	4	52	0	56
	Expected Count	9.5	46.1	.4	56.0
	% of Total	2.9%	38.2%	.0%	41.2%
Social Contact	Count	10	39	1	50
	Expected Count	8.5	41.2	.4	50.0
	% of Total	7.4%	28.7%	.7%	36.8%
Total	Count	23	112	1	136
	Expected Count	23.0	112.0	1.0	136.0
	% of Total	16.9%	82.4%	.7%	100.0%

$$X^2 = 9.622, df=4, p=0.047$$

*Table 5.4: Type of Care by Reasons for Entry into Care*

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A Study of Contact Arrangements for Fostered Children in Malta

The interaction between the three variables reasons for entry into care, legal status and type of care was obtained by means of a homogeneity analysis (see Figure 5.6).

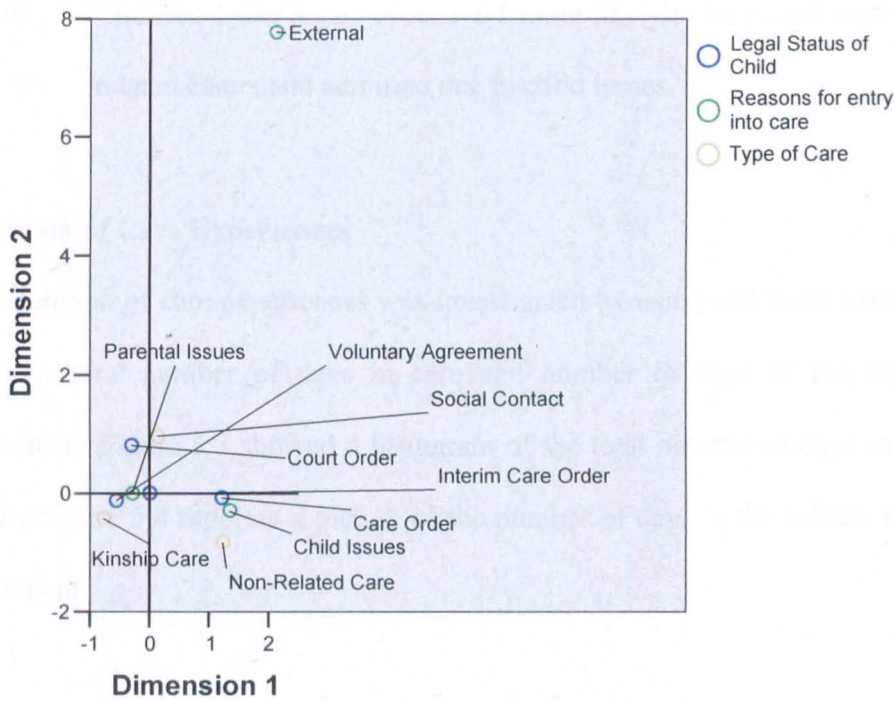


Figure 5.6: Homogeneity Analysis - Reasons for Entry into Care by Legal Status  
and Type of Care

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A Study of Contact Arrangements for Fostered Children in Malta

The two dimensions extracted by *HOMALS* had eigen values of 0.545 and 0.371 respectively, indicating that Dimension 1 was more important in the overall picture. The following patterns emerged from the homogeneity analysis:

- i) Children in the care of kin carers were more likely to be admitted voluntarily and as a result of parental issues.
- ii) Children under a care order were more likely to be placed with non-related carers and admitted due to child issues.

### **Duration of Care Experiences**

The duration of care experiences was investigated by using two main variables namely: total number of days in care and number of days in the current placement. Figure 5.7 showed a histogram of the total number of days in care whilst Figure 5.8 reported a picture of the number of days in the current foster placement.

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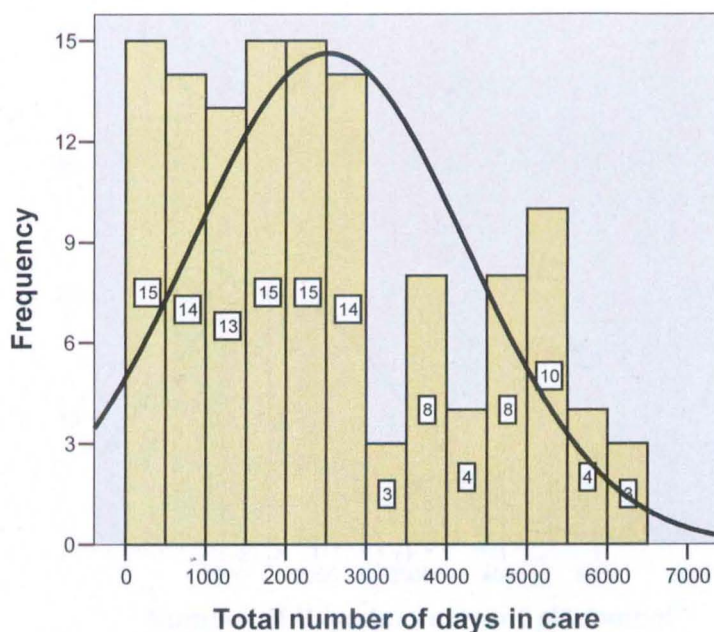
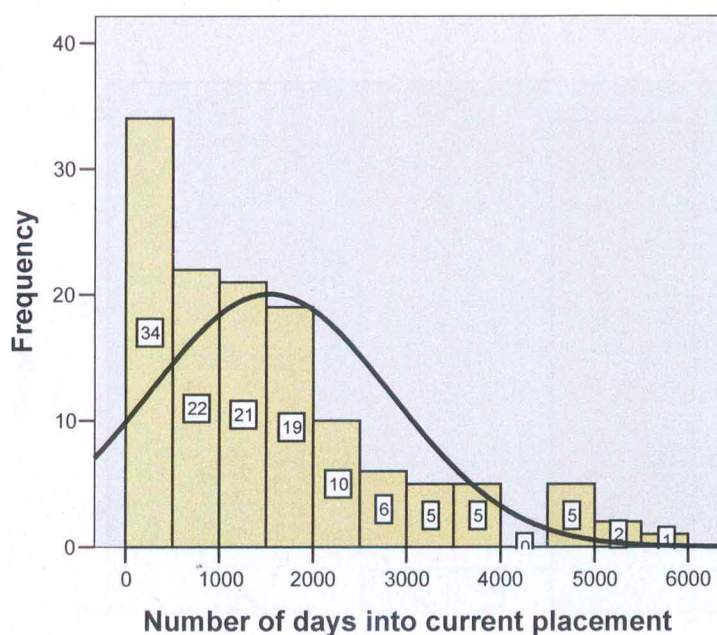


Figure 5.7: Frequency of Children by Number of Days in Care

The number of days in care ranged between 23 days to the total of 6,335 days (17 years). As identified by Figure 5.7, there was a wide dispersion. The mean length in care of the cohort totalled to 2,531.25 days (7 years) ( $SD = 1,718.38$  days). Similarly, the total number of days in current placement ranged between 23 days to the total of 5,940 days (16 years) with a mean of 1,536.32 days (4 years) ( $SD = 1,292.927$ ) (see Figure 5.8)

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A Study of Contact Arrangements for Fostered Children in Malta



*Figure 5.8: Frequency of Children by Number of Days in Current Placement*

Figure 5.9 and Table 5.5 showed that the cohort of children residing in foster care was mostly in long term care (122 children, 90.2%). (For definition of long term care see page 110, Chapter 4). A total of 11 children (8.3%) were in intermediate care and only 1 child was in short term care and 2 were in respite care. These results indicated that the majority of the cohort was in long term foster care with the total of 86 (64.6%) who were in care for more than two years and over, out of whom 41 (30.8%) were placed in care for more than five years and over (see Table 5.5).

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A Study of Contact Arrangements for Fostered Children in Malta

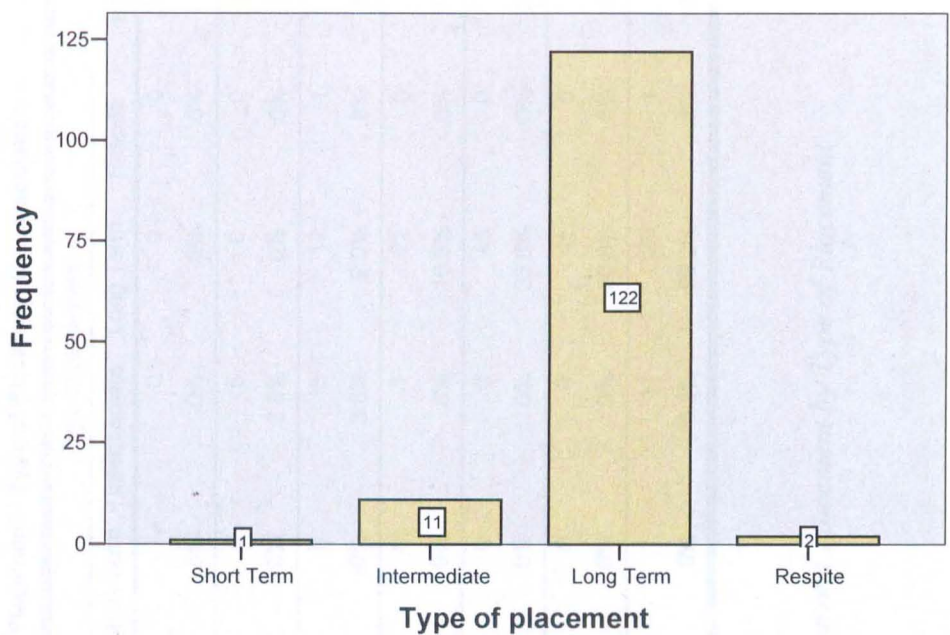


Figure 5.9: Frequency of Children by Type of Placement



**Length of Time in Current Placement \* Type of Placement Crosstabulation**

			Type of placement				
			Short Term	Intermediate	Long Term	Respite	Total
Length of Time in Current Placement	Under eight weeks	Count	1	0	0	0	1
		% of Total	.8%	.0%	.0%	.0%	.8%
	Eight weeks to six months	Count	0	5	0	0	5
		% of Total	.0%	3.8%	.0%	.0%	3.8%
	Six months to one year	Count	0	5	12	1	18
		% of Total	.0%	3.8%	9.0%	.8%	13.5%
	One year to two years	Count	0	1	22	0	23
		% of Total	.0%	.8%	16.5%	.0%	17.3%
	Two years to five years	Count	0	0	45	0	45
		% of Total	.0%	.0%	33.8%	.0%	33.8%
	Five years and over	Count	0	0	41	0	41
		% of Total	.0%	.0%	30.8%	.0%	30.8%
Total	Count	1	11	120	1	133	
	% of Total	.8%	8.3%	90.2%	.8%	100.0%	

*Table 5.5: Length of Time in Current Placement by Type of Placement*

The results show that the children generally stayed a long time in care, longer than the actual experience of residing in their current foster placement. Children in foster care were likely to have experienced care prior to their admission in current foster placement and their experience was long term.

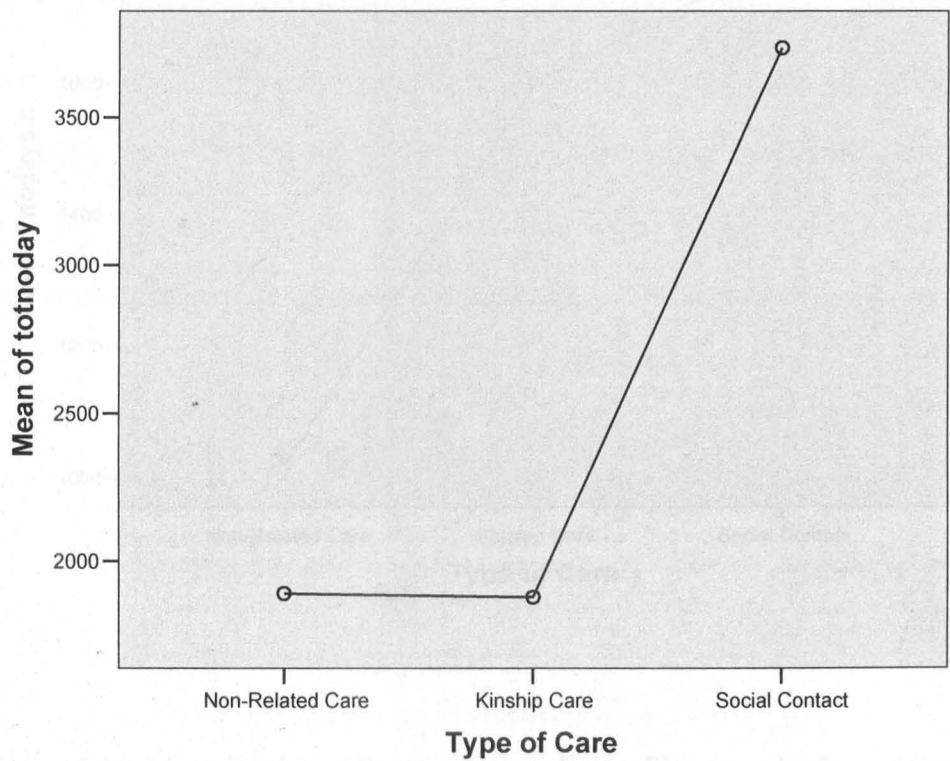


Figure 5.10: Mean Number of Days in Care by Type of Care

Differences in the mean total number of days in care between non-related care and social contact and kinship care and social contact were obtained. Children

cared for by social contact carers stayed longer in care than their counterparts in both non-related care and kinship care.

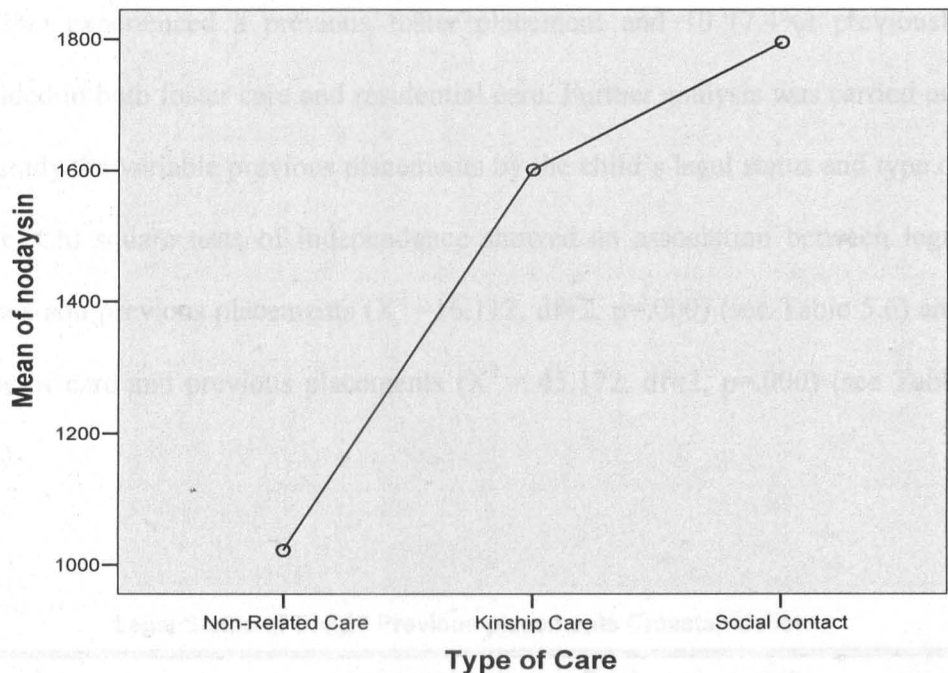


Figure 5.11: Mean Number of Days in Current Foster Placement by Type of Care

A difference in mean number of days in the current foster placement between children in non-related care and in social contact care resulted (see Figure 5.11). Children in social contact care stayed longer in their current foster placement than their counterparts in non-related care.

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A Study of Contact Arrangements for Fostered Children in Malta

### Previous Placements and Moves

Eighty nine children (62%) experienced previous placements ( $X^2=8.627$ ,  $df=1$ ,  $p=.003$ ). Seventy one (52%) had previous experience in residential care, 3 (2.2%) experienced a previous foster placement and 10 (7.4%) previously resided in both foster care and residential care. Further analysis was carried out to study the variable previous placements by the child's legal status and type of care. Chi square tests of independence showed an association between legal status and previous placements ( $X^2=16.112$ ,  $df=2$ ,  $p=.000$ ) (see Table 5.6) and type of care and previous placements ( $X^2 = 45.172$ ,  $df=2$ ,  $p=.000$ ) (see Table 5.7).

**Legal Status of Child \* Previous placements Crosstabulation**

			Previous placements		
			Yes	No	Total
Legal Status of Child	Care Order	Count	36	5	41
		Expected Count	25.7	15.3	41.0
		% of Total	26.9%	3.7%	30.6%
	Court Order	Count	9	7	16
		Expected Count	10.0	6.0	16.0
		% of Total	6.7%	5.2%	11.9%
	Voluntary Agreement	Count	39	38	77
		Expected Count	48.3	28.7	77.0
		% of Total	29.1%	28.4%	57.5%
Total	Count	84	50	134	
	Expected Count	84.0	50.0	134.0	
	% of Total	62.7%	37.3%	100.0%	

$$X^2 = 16.112, df=2, p=0.000$$

*Table 5.6: Legal Status by Previous Placements*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Table 5.6 shows that children who resided in voluntary care were likely to have had previous placements. Yet they were also mostly likely to have had the least number of previous placements. There was a striking percentage difference between children who were under a care order and their experience of previous placements.

Type of Care * Previous placements Crosstabulation					
Type of Care			Previous placements		Total
			Yes	No	
Non-Related Care	Count		25	5	30
	Expected Count		18.8	11.2	30.0
	% of Total		18.7%	3.7%	22.4%
Kinship Care	Count		16	39	55
	Expected Count		34.5	20.5	55.0
	% of Total		11.9%	29.1%	41.0%
Social Contact	Count		43	6	49
	Expected Count		30.7	18.3	49.0
	% of Total		32.1%	4.5%	36.6%
Total	Count		84	50	134
	Expected Count		84.0	50.0	134.0
	% of Total		62.7%	37.3%	100.0%

$$X^2=45.172, df=2, p=0.000$$

*Table 5.7: Type of Care by Previous Placements*

Other results indicated that children in social contact care were most likely to have had previous placements followed by children in non-related care. On the other hand, children in kinship care were least likely to have had previous placements. A chi square test of independence was also run with the following three variables: type of care, legal status and previous placements (see Table

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

5.8). A significant association was obtained between type of care, legal status and the absence of previous placements ( $X^2 = 17.476$ ,  $df = 4$ ,  $p = .002$ ). However no significant results were obtained for type of care, legal status and the presence of previous placements ( $X^2 = 8.179$ ,  $df = 4$ ,  $p = .085$ ). A closer look at the results indicated that 64% of children in kinship care under a voluntary agreement did not experience previous placements.

Type of Care \* Legal Status of Child \* Previous placements Crosstabulation

				Legal Status of Child			Total
Previous placements	Type of Care			Care Order	Court Order	Voluntary Agreement	
Yes	Non-Related Care	Count		16	3	6	25
		Expected Count		10.7	2.7	11.6	25.0
		% of Total		19.0%	3.6%	7.1%	29.8%
		Kinship Care	Count	5	1	10	16
			Expected Count	6.9	1.7	7.4	16.0
			% of Total	6.0%	1.2%	11.9%	19.0%
		Social Contact	Count	15	5	23	43
			Expected Count	18.4	4.6	20.0	43.0
			% of Total	17.9%	6.0%	27.4%	51.2%
	Total		Count	36	9	39	84
			Expected Count	36.0	9.0	39.0	84.0
			% of Total	42.9%	10.7%	46.4%	100.0%
No	Non-Related Care	Count		3	0	2	5
		Expected Count		.5	.7	3.8	5.0
		% of Total		6.0%	.0%	4.0%	10.0%
		Kinship Care	Count	2	5	32	39
			Expected Count	3.9	5.5	29.6	39.0
			% of Total	4.0%	10.0%	64.0%	78.0%
		Social Contact	Count	0	2	4	6
			Expected Count	.6	.8	4.6	6.0
			% of Total	.0%	4.0%	8.0%	12.0%
	Total		Count	5	7	38	50
			Expected Count	5.0	7.0	38.0	50.0
			% of Total	10.0%	14.0%	76.0%	100.0%

$\chi^2 = 8.179$ ,  $df=4$ ,  $p=.085$  (Yes),  $\chi^2 = 17.476$ ,  $df=4$ ,  $p=.002$  (No)

Table 5.8: Type of Care, Legal Status by Previous Placements

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

The number of placement moves was also investigated. The mean number of placement moves was 0.98 (SD = 1.011). Close to 37% of children had one placement move, nearly 19% had two placement moves and about 5% had three placement moves. Two children (1.5%) had five placement moves. For these two children, the current foster placement was their sixth.

Children were likely to move as a result of a planned transition, followed by a request by foster carers for the child to be placed with them. Further analysis was undertaken by means of chi square tests of independence. Significant results were obtained which showed that reasons for last move was associated with the type of care ( $X^2 = 58.727$ ,  $df=16$ ,  $p=.000$ ). Planned transition mostly occurred in case of children in social contact (27.9%) and in non-related care (16.3%). Request by foster carers was significant in the case of children cared for by kinship carers with the total of 24.8% who last moved for this reason. Furthermore, as shown by Table 5.9 in case of children under a care order and voluntary agreement the last move was a result of a planned transition. Nonetheless, in case of voluntary agreement, children also moved last as a result of a request by foster carers.



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

**Reasons for last move \* Legal Status of Child Crosstabulation**

			Legal Status of Child			
			Care Order	Court Order	Voluntary Agreement	Total
Reasons for last move	Behavioural Problems	Count	1	0	0	1
		Expected Count	.3	.1	.6	1.0
		% of Total	.8%	.0%	.0%	.8%
	Planned Transition	Count	30	6	30	66
		Expected Count	20.0	8.2	37.9	66.0
		% of Total	23.3%	4.7%	23.3%	51.2%
	Unplanned Move by Foster Carers	Count	0	0	1	1
		Expected Count	.3	.1	.6	1.0
		% of Total	.0%	.0%	.8%	.8%
	Unplanned Move by Parents	Count	1	0	8	9
		Expected Count	2.7	1.1	5.2	9.0
		% of Total	.8%	.0%	6.2%	7.0%
	Request from Residential Care Service	Count	0	1	0	1
		Expected Count	.3	.1	.6	1.0
		% of Total	.0%	.8%	.0%	.8%
	Request from Foster Carers	Count	4	7	29	40
		Expected Count	12.1	5.0	22.9	40.0
		% of Total	3.1%	5.4%	22.5%	31.0%
	Family Breakdown (Biological Family)	Count	2	2	5	9
		Expected Count	2.7	1.1	5.2	9.0
		% of Total	1.6%	1.6%	3.9%	7.0%
Family Breakdown (Foster Carers)	Count	1	0	0	1	
	Expected Count	.3	.1	.6	1.0	
	% of Total	.8%	.0%	.0%	.8%	
Request from Child	Count	0	0	1	1	
	Expected Count	.3	.1	.6	1.0	
	% of Total	.0%	.0%	.8%	.8%	
Total	Count	39	16	74	129	
	Expected Count	39.0	16.0	74.0	129.0	
	% of Total	30.2%	12.4%	57.4%	100.0%	

$$\chi^2 = 32.949, df = 16, p = .008$$

*Table 5.9: Reasons for Last Move by Legal Status*

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A Study of Contact Arrangements for Fostered Children in Malta

### Contact Arrangements

A total of 131 (97%) children had contact with their family of origin, only 4 (2.9%) children did not have contact with their family of origin. As seen from Table 5.10, children had contact with different family members. Ninety four children (69.6%) were in contact with their siblings. Eighty seven (64.4%) had contact with their mother. Contact with other family members was unavailable in more than half of the cohort (see Table 5.10).

Family Member	Frequency	Percentage
Siblings	94	69.6%
Mother	87	64.4%
Father	56	41.5%
Grandparents	47	34.8%
Aunts/Uncles	25	18.5%

*Table 5.10: Frequencies and Percentages of Contact with Family Members*

Chi square tests of independence between the variables contact and different family members were run. The tests yielded statistically significant results. Contact was present with the siblings ( $X^2=20.807$ ,  $df=1$ ,  $p=.000$ ) and with the mother ( $X^2=11.267$ ,  $df=1$ ,  $p=.001$ ). 'No contact' was statistically significant with the father ( $X^2=3.919$ ,  $df=1$ ,  $p=.048$ ), the grandparents ( $X^2=12.452$ ,  $df=1$ ,  $p=.000$ ) and the aunts/uncles ( $X^2=53.519$ ,  $df=1$ ,  $p=.000$ ).

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A Study of Contact Arrangements for Fostered Children in Malta

When contact with family members occurred, it mostly occurred on a weekly basis followed by monthly contact. However, contact between children and aunts/uncles did not occur exactly in this manner. In this case, after weekly contact, children had most contact with aunts/uncles every 3 to 4 months. These results showed that when contact with family members occurred, in general it was mostly a frequently occurring experience (see Figures 5.12 to 5.16).

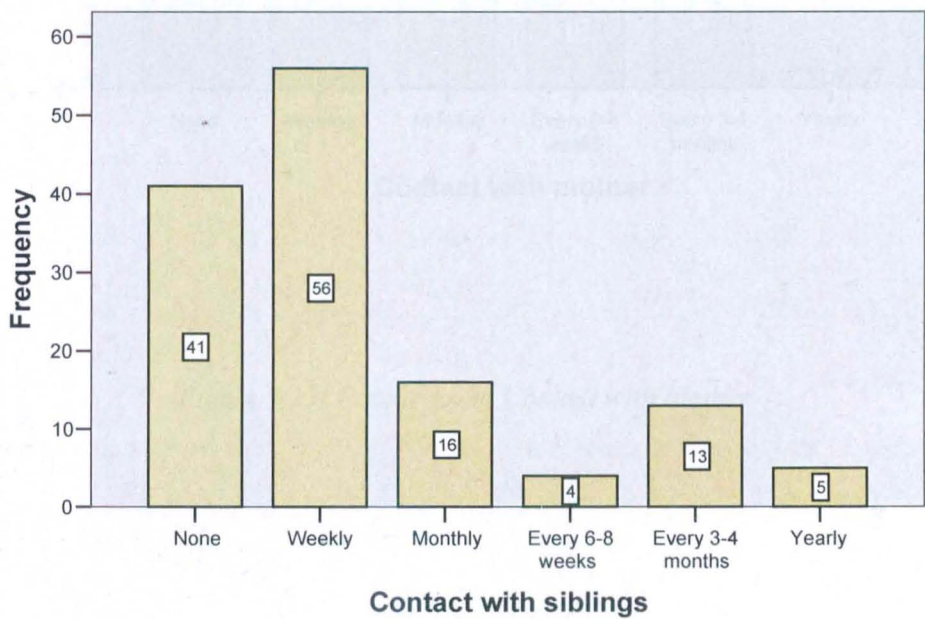
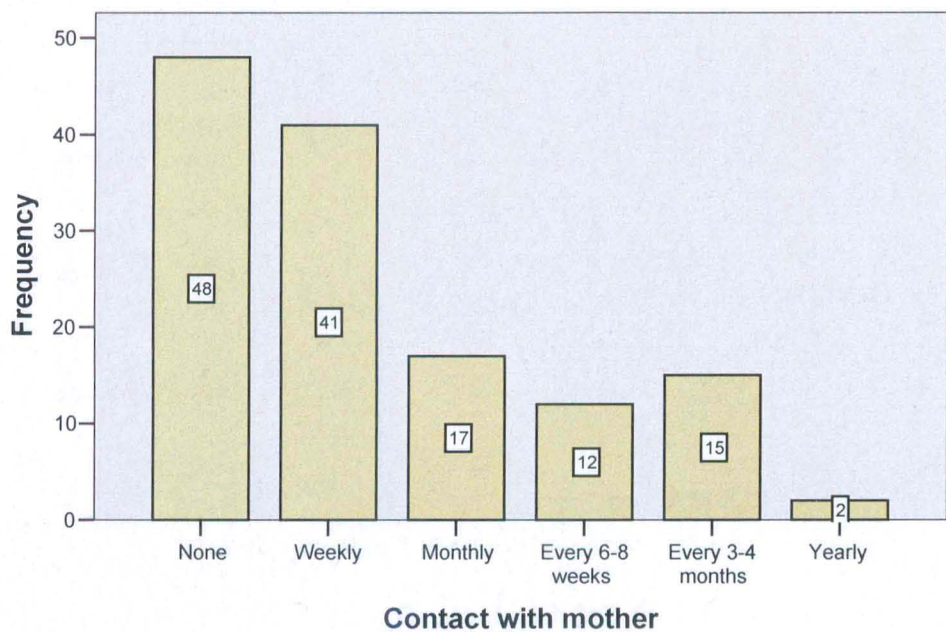


Figure 5.12: Frequency of Contact with Siblings

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*Figure 5.13: Frequency of Contact with Mother*

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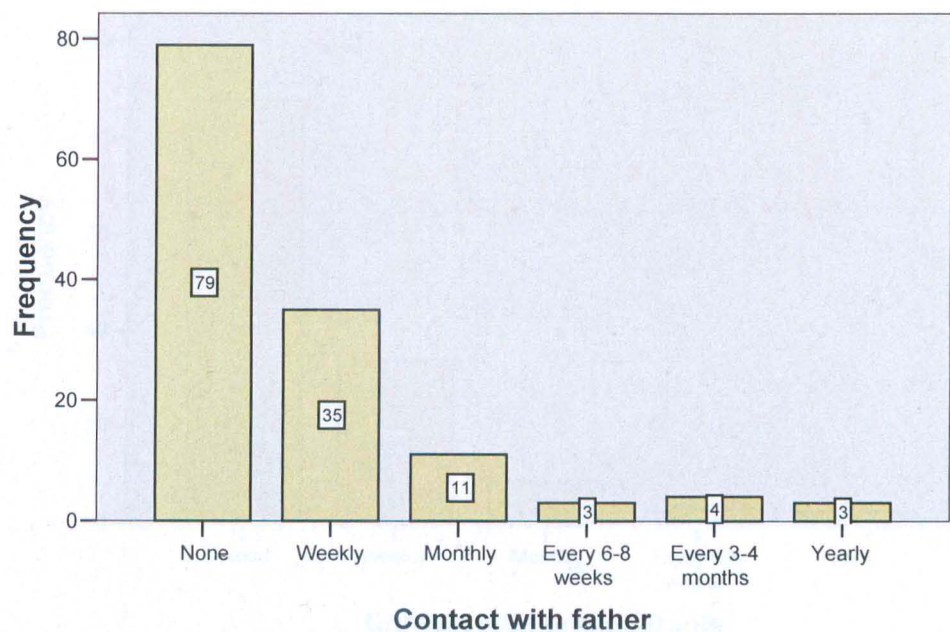
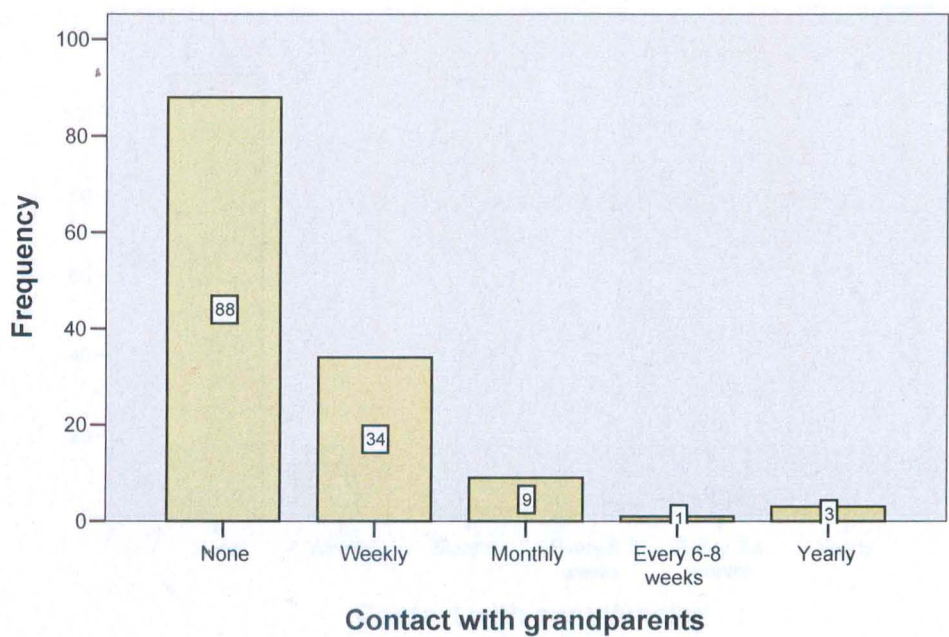


Figure 5.14: Frequency of Contact with Father

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*Figure 5.15: Frequency of Contact with Grandparents*



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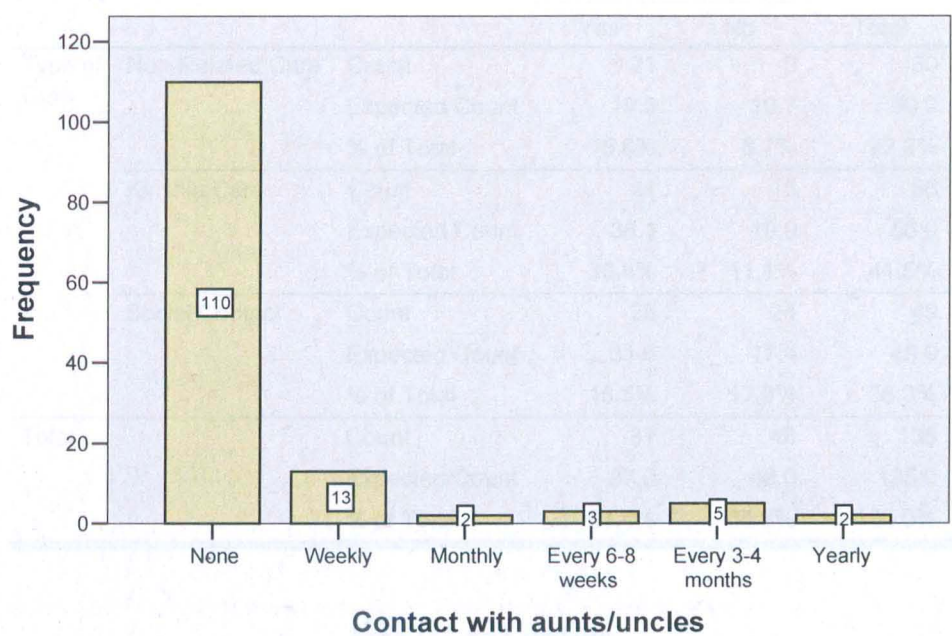


Figure 5.16: Frequency of Contact with Aunts/Uncles

An association between type of care and contact with different family members was identified. A chi square test of independence showed that there was a significant relation between contact with mother and the type of care ( $X^2=6.137$ ,  $df=2$ ,  $p=0.046$ ). As shown by Table 5.11, 41 (30.4%) children in kinship care were in contact with their mother. In addition, non-related care and to a lesser extent social contact care was also conducive to contact with the mother.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

**Type of Care \* Contact with family of origin: mother Crosstabulation**

			Contact with family of origin: mother		Total
			Yes	No	
Type of Care	Non-Related Care	Count	21	9	30
		Expected Count	19.3	10.7	30.0
		% of Total	15.6%	6.7%	22.2%
	Kinship Care	Count	41	15	56
		Expected Count	36.1	19.9	56.0
		% of Total	30.4%	11.1%	41.5%
	Social Contact	Count	25	24	49
		Expected Count	31.6	17.4	49.0
		% of Total	18.5%	17.8%	36.3%
Total	Count		87	48	135
	Expected Count		87.0	48.0	135.0
	% of Total		64.4%	35.6%	100.0%

$$X^2 = 6.137 \text{ df}=2, p=0.046$$

*Table 5.11: Type of Care by Contact with Family of Origin (Mother)*

In addition, contact with other family members and type of care also yielded significant results (see Table 5.12 to 5.15). Children's contact with father was also associated with the type of care ( $X^2 = 9.672$   $df=2$ ,  $p=0.008$ ). Table 5.12 showed that social contact and non-related care experience was not conducive to contact with father. On the other hand, children in kinship care were more likely to be in contact with their father.



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

**Type of Care \* Contact with family of origin: father Crosstabulation**

			Contact with family of origin: father		
			Yes	No	Total
Type of Care	Non-Related Care	Count	9	21	30
		Expected Count	12.4	17.6	30.0
		% of Total	6.7%	15.6%	22.2%
	Kinship Care	Count	32	24	56
		Expected Count	23.2	32.8	56.0
		% of Total	23.7%	17.8%	41.5%
	Social Contact	Count	15	34	49
		Expected Count	20.3	28.7	49.0
		% of Total	11.1%	25.2%	36.3%
Total	Count	56	79	135	
	Expected Count	56.0	79.0	135.0	
	% of Total	41.5%	58.5%	100.0%	

$$\chi^2 = 9.672 \text{ df}=2, p=0.008$$

*Table 5.12: Type of Care by Contact with Family of Origin (Father)*

Contact with siblings mostly occurred when children resided in social contact care (29.6%) followed by kinship care (22.2%) and non-related care (17.8%). A chi square test of independence yielded significant results ( $\chi^2 = 11.693$  df=2,  $p=0.003$ ); contact with siblings was significantly associated with type of care (see Table 5.13).

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

**Type of Care \* Contact with family of origin: siblings Crosstabulation**

			Contact with family of origin: siblings		Total
			Yes	No	
Type of Care	Non-Related Care	Count	24	6	30
		Expected Count	20.9	9.1	30.0
		% of Total	17.8%	4.4%	22.2%
	Kinship Care	Count	30	26	56
		Expected Count	39.0	17.0	56.0
		% of Total	22.2%	19.3%	41.5%
	Social Contact	Count	40	9	49
		Expected Count	34.1	14.9	49.0
		% of Total	29.6%	6.7%	36.3%
Total	Count		94	41	135
	Expected Count		94.0	41.0	135.0
	% of Total		69.6%	30.4%	100.0%

$$X^2 = 11.693 \text{ df}=2, p=0.003$$

*Table 5.13: Type of Care by Contact with Family of Origin (Siblings)*

As identified by Tables 5.14 and 5.15, the chi square tests of independence were both significant. Children's contact with grandparents was present in kinship care. Contact with grandparents rarely occurred when children resided in social contact and non-related care. In the case of contact with aunts and uncles, this was likely not to occur in any of type of care.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

**Type of Care \* Contact with family of origin: grandparents Crosstabulation**

			Contact with family of origin: grandparents		Total
			Yes	No	
Type of Care	Non-Related Care	Count	4	26	30
		Expected Count	10.4	19.6	30.0
		% of Total	3.0%	19.3%	22.2%
	Kinship Care	Count	35	21	56
		Expected Count	19.5	36.5	56.0
		% of Total	25.9%	15.6%	41.5%
	Social Contact	Count	8	41	49
		Expected Count	17.1	31.9	49.0
		% of Total	5.9%	30.4%	36.3%
Total	Count		47	88	135
	Expected Count		47.0	88.0	135.0
	% of Total		34.8%	65.2%	100.0%

$$X^2 = 32.394 \text{ df}=2, p=0.000$$

*Table 5.14: Type of Care by Contact with Family of Origin (Grandparents)*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Type of Care * Contact with family of origin: aunts/uncles Crosstabulation					
Type of Care			Contact with family of origin: aunts/uncles		Total
			Yes	No	
Non-Related Care	Count		9	21	30
	Expected Count		5.6	24.4	30.0
	% of Total		6.7%	15.6%	22.2%
Kinship Care	Count		13	43	56
	Expected Count		10.4	45.6	56.0
	% of Total		9.6%	31.9%	41.5%
Social Contact	Count		3	46	49
	Expected Count		9.1	39.9	49.0
	% of Total		2.2%	34.1%	36.3%
Total	Count		25	110	135
	Expected Count		25.0	110.0	135.0
	% of Total		18.5%	81.5%	100.0%

$$X^2 = 8.429 \text{ df}=2, p=0.015$$

*Table 5.15: Type of Care by Contact with Family of Origin (Aunts/Uncles)*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Venue of meetings also varied, though primarily children met with their family of origin at foster carers' home (30.9%) followed by family home (24.4%), public venues (24.4%) and social welfare premises (17.1 %). When a chi square test of independence was run to analyse whether there was an association between venue of contact and type of care, a significant association resulted ( $X^2=73.399$ ,  $df=10$ ,  $p=.000$ ). Children who resided in kinship care (27.6%) were most likely to establish contact with their family of origin at the foster carers' home. On the other hand, when children were cared for by social contact carers or non-related carers, they were more likely to meet their family of origin at public venues (16.3%) and social welfare premises (9.8%) (see Table 5.16).

Primary venue of contact \* Type of Care Crosstabulation

			Type of Care			
			Non-Related Care	Kinship Care	Social Contact	Total
Primary venue of contact	Foster Carer's Home	Count	2	34	2	38
		Expected Count	9.0	16.1	13.0	38.0
		% of Total	1.6%	27.6%	1.6%	30.9%
	Social Welfare Premises	Count	12	2	7	21
		Expected Count	5.0	8.9	7.2	21.0
		% of Total	9.8%	1.6%	5.7%	17.1%
	Family Home	Count	9	9	12	30
		Expected Count	7.1	12.7	10.2	30.0
		% of Total	7.3%	7.3%	9.8%	24.4%
	Child's Residential Setting	Count	0	0	1	1
		Expected Count	.2	.4	.3	1.0
		% of Total	.0%	.0%	.8%	.8%
	Public Venues	Count	6	4	20	30
		Expected Count	7.1	12.7	10.2	30.0
		% of Total	4.9%	3.3%	16.3%	24.4%
	Parent's Residential Setting	Count	0	3	0	3
		Expected Count	.7	1.3	1.0	3.0
		% of Total	.0%	2.4%	.0%	2.4%
Total	Count	29	52	42	123	
	Expected Count	29.0	52.0	42.0	123.0	
	% of Total	23.6%	42.3%	34.1%	100.0%	

$$\chi^2 = 73.399, df=10, p=.000$$

Table 5.16: Primary Venue of Contact by Type of Care

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Three quarters of contact did not occur under supervision ( $X^2 = 31.252$ ,  $df=1$ ,  $p=.000$ ). Only 25.2% (32 out of 127) of the total cohort had supervised access visits when they met their family of origin. An average 53% of children under a voluntary agreement did not have supervised access visits. However, when children were under a care order, they were more likely to have supervised visits ( $X^2 = 37.011$ ,  $df=2$ ,  $p=.000$ ) (see Table 5.17).

Legal Status of Child * Supervised Access Visits Crosstabulation					
Legal Status of Child			Supervised Access Visits		Total
			Yes	No	
Legal Status of Child	Care Order	Count	24	17	41
		Expected Count	10.3	30.7	41.0
		% of Total	18.9%	13.4%	32.3%
	Court Order	Count	3	11	14
		Expected Count	3.5	10.5	14.0
		% of Total	2.4%	8.7%	11.0%
	Voluntary Agreement	Count	5	67	72
		Expected Count	18.1	53.9	72.0
		% of Total	3.9%	52.8%	56.7%
Total		Count	32	95	127
		Expected Count	32.0	95.0	127.0
		% of Total	25.2%	74.8%	100.0%

$$X^2 = 37.011, df=2, p=0.000$$

\* Table 5.17: Legal Status by Supervised Access Visits

A chi square test of independence was run to assess whether there was an association between type of care, child's legal status and contact under supervision. The results showed that there was a significant association between

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

type of care, legal status and presence ( $X^2 = 9.695$ ,  $df=4$ ,  $p=.046$ ) or absence of supervision ( $X^2 = 13.432$ ,  $df=4$ ,  $p=.009$ ) (see Table 5.18). Children who resided in non-related care under a care order were most likely to experience supervision during contact visits. The total of 46.9% of children who resided in non-related care and were under a care order received supervision. On the other hand, children who resided in kinship care and were voluntarily admitted were least likely to experience supervision during their contact visits. Over forty percent (41.1%) of these children did not receive supervision.



Type of Care \* Legal Status of Child \* Supervised Access Visits Crosstabulation

				Legal Status of Child			
Supervised Access Visits				Care Order	Court Order	Voluntary Agreement	Total
Yes	Type of Care	Non-Related Care	Count	15	3	0	18
			Expected Count	13.5	1.7	2.8	18.0
			% of Total	46.9%	9.4%	.0%	56.3%
	Kinship Care	Count	5	0	2	7	
		Expected Count	5.3	.7	1.1	7.0	
		% of Total	15.6%	.0%	6.3%	21.9%	
	Social Contact	Count	4	0	3	7	
		Expected Count	5.3	.7	1.1	7.0	
		% of Total	12.5%	.0%	9.4%	21.9%	
	Total	Count	24	3	5	32	
		Expected Count	24.0	3.0	5.0	32.0	
		% of Total	75.0%	9.4%	15.6%	100.0%	
No	Type of Care	Non-Related Care	Count	4	0	7	11
			Expected Count	2.0	1.3	7.8	11.0
			% of Total	4.2%	.0%	7.4%	11.6%
	Kinship Care	Count	2	6	39	47	
		Expected Count	8.4	5.4	33.1	47.0	
		% of Total	2.1%	6.3%	41.1%	49.5%	
	Social Contact	Count	11	5	21	37	
		Expected Count	6.6	4.3	26.1	37.0	
		% of Total	11.6%	5.3%	22.1%	38.9%	
	Total	Count	17	11	67	95	
		Expected Count	17.0	11.0	67.0	95.0	
		% of Total	17.9%	11.6%	70.5%	100.0%	

$X^2 = 9.695$ ,  $df=4$ ,  $p=.046$  (Yes),  $X^2 = 13.432$ ,  $df=4$ ,  $p=.009$  (No)

Table 5.18: Type of Care, Legal Status by Supervised Contact

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

To investigate the interplay between the variables legal status, type of care, supervision of visits and venue of contact, a homogeneity analysis was run. Eigen values of 0.615 and 0.422 were obtained indicating that Dimension 1 was overall the most important. The following were the emerging patterns obtained by the homogeneity analysis (see Figure 5.17):

- Care ordered children who resided in non-related care were most likely to receive supervision during their visits. These visits mostly occurred at social welfare premises.
- Children in kinship care experienced visits at foster carers' homes.
- Children cared for by social contact carers were most likely to have their visits at public venues.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

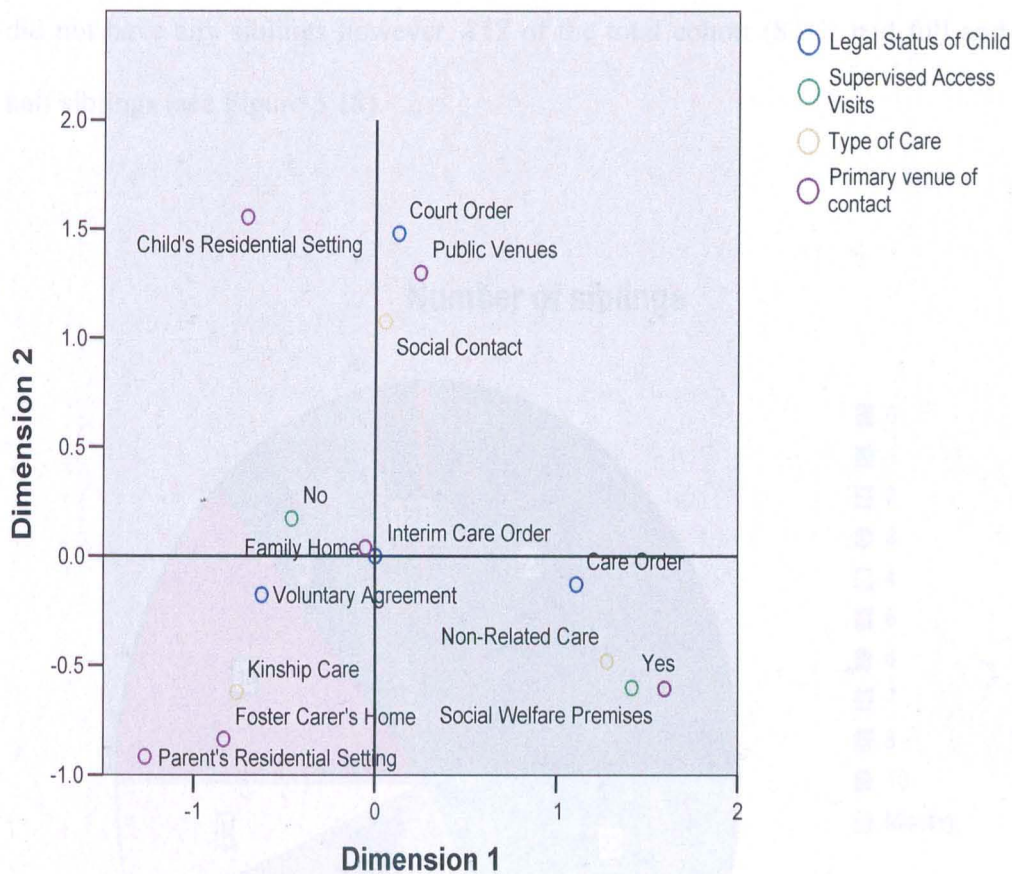
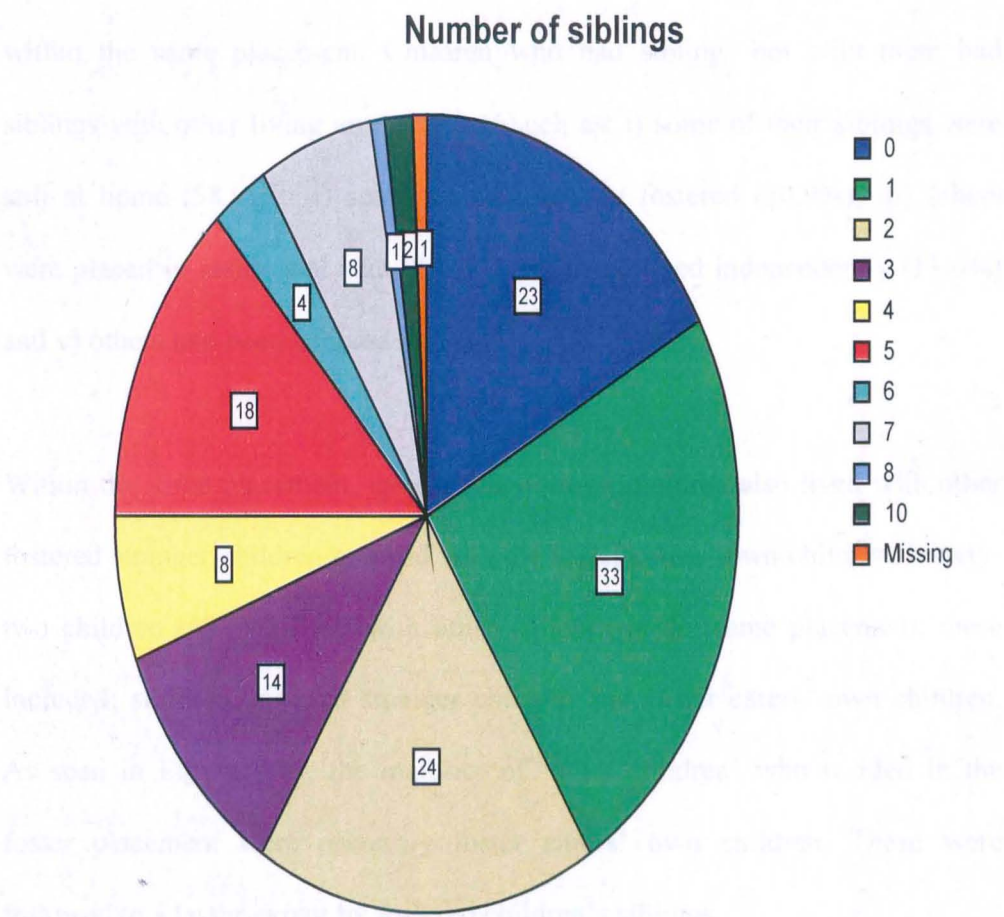


Figure 5.17: Homogeneity Analysis: Legal Status by Supervised Access Visits by  
Type of Care by Primary Venue of Contact

**Siblings and Other Children in Placement**

Relevant information about the cohort’s siblings was collected. The cohort of children under study had a median of 2 siblings. Twenty three (17%) children did not have any siblings however, 112 of the total cohort (83%) had full and half siblings (see Figure 5.18).



*Figure 5.18: Number of Siblings*

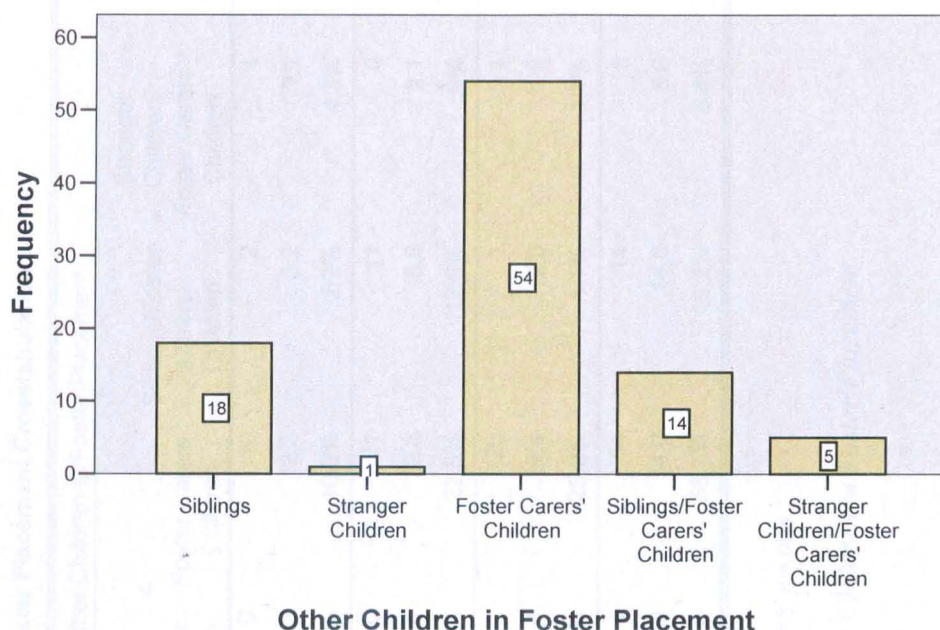
## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

As seen from Figure 5.18, the majority of children (52.6%) had between one to three siblings. However, in the cohort, some had four siblings (5.9%), and some five (13.3%) or more siblings up to a maximum of ten siblings (1.5%).

Though some children were placed with one of their siblings, just under three quarters of the children lived away from any of their siblings. Only 26.8% of the total cohort of children, who had siblings, were placed with some siblings within the same placement. Children who had siblings not with them had siblings with other living arrangements such as: i) some of their siblings were still at home (58.9%), ii) some were separately fostered (50.9%), iii) others were placed in residential care (29.5%), iv) some lived independently (11.6%) and v) others had been adopted (4.5%).

Within the same placement, apart from siblings, children also lived with other fostered stranger children or lived with the foster carers' own children. Ninety-two children (67.6%) lived with other children in the same placement; these included: siblings, fostered stranger children and foster carers' own children. As seen in Figure 5.19, the majority of 'other children' who resided in the foster placement were primarily foster carers' own children. These were followed to a lesser extent by fostered children's siblings.

# Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta



*Figure 5.19: Frequency of Other Children in Foster Placement*

A significant association was obtained when a chi square test of independence was carried out to study whether there was an association between type of care and other children in foster placement ( $X^2 = 21.452$ ,  $df = 8$ ,  $p = .006$ ) (see Table 5.20) and legal status and other children in foster placement ( $X^2 = 20.392$ ,  $df = 8$ ,  $p = .009$ ) (see Table 5.19).

**Type of Care \* Other Children in Foster Placement Crosstabulation**

		Other Children in Foster Placement					Total
		Siblings	Stranger Children	Foster Carers' Children	Siblings/Foster Carers' Children	Stranger Children/ Foster Carers' Children	
Type of Care	Non-Related Care	Count	5	0	10	2	21
		Expected Count	4.1	.2	12.3	3.2	21.0
		% of Total	5.4%	.0%	10.9%	2.2%	22.8%
	Kinship Care	Count	6	0	21	11	38
		Expected Count	7.4	.4	22.3	5.8	38.0
		% of Total	6.5%	.0%	22.8%	12.0%	41.3%
	Social Contact	Count	7	1	23	1	33
		Expected Count	6.5	.4	19.4	5.0	33.0
		% of Total	7.6%	1.1%	25.0%	1.1%	35.9%
Total	Count		18	1	54	14	92
	Expected Count		18.0	1.0	54.0	14.0	92.0
	% of Total		19.6%	1.1%	58.7%	15.2%	100.0%

$$X^2 = 21.452, df=8, p=.006$$

*Table 5.19: Type of Care by Other Children in Foster Placement*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Children who resided in social contact care were likely to experience a placement where the foster carers' children were also present. Kinship care was also likely to offer a placement where both siblings and foster carers' children shared the same living arrangements.



**Legal Status of Child \* Other Children in Foster Placement Crosstabulation**

		Other Children in Foster Placement						
			Siblings	Stranger Children	Foster Carers' Children	Siblings/ Foster Carers' Children	Stranger Children/ Foster Carers' Children	Total
Legal Status of Child	Care Order	Count	5	1	20	0	2	28
		Expected Count	5.5	.3	16.4	4.3	1.5	28.0
		% of Total	5.4%	1.1%	21.7%	.0%	2.2%	30.4%
	Court Order	Count	5	0	1	2	1	9
		Expected Count	1.8	.1	5.3	1.4	.5	9.0
		% of Total	5.4%	.0%	1.1%	2.2%	1.1%	9.8%
	Voluntary Agreement	Count	8	0	33	12	2	55
		Expected Count	10.8	.6	32.3	8.4	3.0	55.0
		% of Total	8.7%	.0%	35.9%	13.0%	2.2%	59.8%
Total	Count	18	1	54	14	5	92	
	Expected Count	18.0	1.0	54.0	14.0	5.0	92.0	
	% of Total	19.6%	1.1%	58.7%	15.2%	5.4%	100.0%	

$$X^2 = 21.452, df=8, p=.006$$

*Table 5.20: Legal Status by Other Children in Foster Placement*

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

Children under a care order were likely to have foster carers' children in their placement. Children under a voluntary agreement were also likely to have foster carers' children in their placement. This was somehow expected because of the characteristics of families elected as foster carers.

### **Health**

The study also investigated the theme of health. Mental health was not investigated as information about mental health was not available in the social work case files. The survey reported that the majority of the cohort of fostered children was healthy (see Chapter 4, as reported in social work files). Children did not suffer from serious health conditions. A total of 69.2% of the responses indicated that the cohort under study was healthy ( $X^2 = 19.556$ ,  $df = 1$ ,  $p = .000$ ). Further analysis was carried out to capture whether there was a gender difference. Whereas both males and females were healthy, nonetheless, a chi square test of independence identified female fostered children as healthier than their male counterparts ( $X^2 = 5.831$ ,  $df = 1$ ,  $p = 0.016$ ) (see Table 5.21).

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

**Gender \* Health Crosstabulation**

			Health		
			Yes	No	Total
Gender	Male	Count	42	28	70
		Expected Count	48.4	21.6	70.0
		% of Total	31.6%	21.1%	52.6%
	Female	Count	50	13	63
		Expected Count	43.6	19.4	63.0
		% of Total	37.6%	9.8%	47.4%
Total		Count	92	41	133
		Expected Count	92.0	41.0	133.0
		% of Total	69.2%	30.8%	100.0%

$$\chi^2 = 5.831, df=1, p=0.016$$

*Table 5.21: Gender by Health*

In addition to the analysis of the child's gender by health variable, chi square tests of independence were run to assess whether there was a statistically significant association between the children's legal status and their health and their type of care and their health status. As shown in Table 5.22, there was a significant association between children's legal status and their health ( $\chi^2 = 11.879$ ,  $df = 2$ ,  $p = .003$ ). Children under a voluntary agreement were most likely to be healthy. Half of the children on a care order were healthy, while the other half had health concerns. No statistically significant results were obtained between type of care and children's health.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

**Legal Status of Child \* Health Crosstabulation**

			Health		Total
			Yes	No	
Legal Status of Child	Care Order	Count	20	20	40
		Expected Count	27.7	12.3	40.0
		% of Total	15.0%	15.0%	30.1%
	Court Order	Count	10	6	16
		Expected Count	11.1	4.9	16.0
		% of Total	7.5%	4.5%	12.0%
	Voluntary Agreement	Count	62	15	77
		Expected Count	53.3	23.7	77.0
		% of Total	46.6%	11.3%	57.9%
Total	Count		92	41	133
	Expected Count		92.0	41.0	133.0
	% of Total		69.2%	30.8%	100.0%

$$\chi^2 = 11.879, df=2, p=.003$$

*Table 5.22: Legal Status by Health*

A homogeneity analysis was run to present a graphical analysis between the three variables, gender, legal status and health. The two dimensions extracted by *HOMALS* had eigen values of 0.479 and 0.339 respectively, indicating that Dimension 1 was slightly more important in the overall picture.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

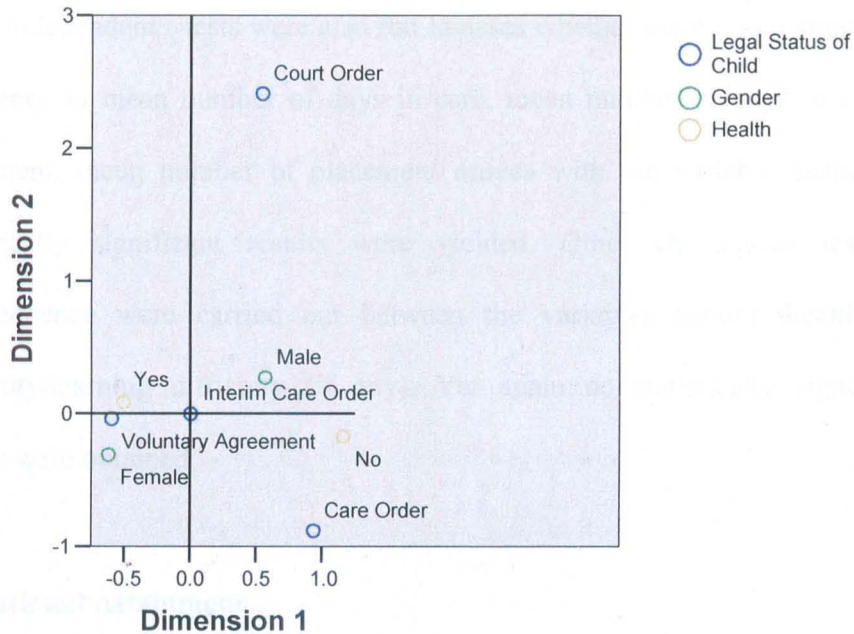


Figure 5.20: Homogeneity Analysis by Gender, Legal Status and Health

As seen in Figure 5.20, the patterns which emerged from the homogeneity analysis showed the following:

- Voluntary agreement and a healthy experience were closely grouped.
- Females were also closely grouped to voluntary agreement which indicated that there might be an emerging pattern of females within voluntary care who experienced a positive health experience.
- Children under a care order were less likely to experience a positive health experience.

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

No significant associations were obtained when chi square tests of independence were run between contact with family of origin and health. Two tailed independent t-tests were also run to assess whether there was a significant difference in mean number of days in care, mean number of days in current placement, mean number of placement moves with the variable health. No statistically significant results were yielded. Other chi square tests of independence were carried out between the variables gender, health and disability/learning difficulty (if any). Yet again no statistically significant results were obtained.

### **Educational Attainment**

Education features as an important component in a child's development. This variable was considered important in this study because of the research findings showing poor educational performance for children in care (see Chapter 2). In this study, educational attainment refers to children's current achievement in school. Educational attainment was dependent on the children's current school performance and it refers to the assessed levels attained by children. A high percentage, 72.2% of the total cohort, (excluding the few non-responses) showed an encouraging number of children in foster care who attained the educational level expected at their age. ( $X^2 = 24.889$ ,  $df = 1$ ,  $p = .000$ ). This meant that children performed well at school and reached the expected educational level commensurate to their age.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

A chi square test of independence, which factored in the gender variable by educational attainment, did not yield statistically significant results. Other chi square tests of independence which included legal status, type of care, did not yield statistically significant results.

Data were further analysed. A two tailed independent t-test was run between educational attainment by number of placement moves. No statistically significant results were obtained. On the other hand, when two tailed independent t-tests were carried out for the variables number of days in care and number of days in current foster placement by educational attainment, statistically significant results were obtained ( $t(116) = -3.075, p=.003$ ) and ( $t(118) = -2.284, p=.024$ ), respectively. Children who obtained the desired educational level had a shorter stay in care ( $M = 2213.49, SD = 1530.003$ ) when compared with children who did not obtain the desired educational level ( $M = 3249.38, SD = 1941.294$ ). Similarly children who obtained an educational level had a shorter stay within the current foster placement ( $M = 1309.55, SD = 1087.307$ ) when compared with those children within the cohort who did not obtain the desired educational level ( $M = 1870.56, SD = 1486.665$ ).

Other analyses were also run. Two tailed independent t-tests did not yield statistically significant results when the following variables, age when first came into care and age when first admitted to current foster placement, were introduced within the equation. In order to capture whether the age at the time

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

of the study played a significant role, another two tailed independent t-test was performed. Significant results were yielded with  $t(123) = -3.323, p=.001$ , showing a difference between the ages of those who achieved educational attainment and those who did not. Educational achievement was present in younger children ( $M = 7.7317, SD = 4.48887$ ) when compared with older children ( $M = 10.6929, SD = 4.4337$ ).

A chi square test of independence was run between educational attainment and contact. The results yielded non significance. When other chi square tests of independence were carried out to assess whether contact with different family members played a significant role, results were non significant though with the exception of contact with father. A relation was present between contact with father and educational attainment (see Table 5.23). There was a negative association between contact with the father and the child's educational attainment.



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

**Contact with family of origin: father \* Educational attainment Crosstabulation**

			Educational attainment		Total
			Yes	No	
Contact with family of origin: father	Yes	Count	32	19	51
		Expected Count	36.8	14.2	51.0
		% of Total	25.4%	15.1%	40.5%
	No	Count	59	16	75
		Expected Count	54.2	20.8	75.0
		% of Total	46.8%	12.7%	59.5%
Total	Count		91	35	126
	Expected Count		91.0	35.0	126.0
	% of Total		72.2%	27.8%	100.0%

$$X^2 = 3.836, df=1, p=.05$$

*Table 5.23: Contact with family of Origin (Father) by Educational Attainment*

Further analysis of this significant result was undertaken by a correspondence analysis to assess the emerging pattern. As seen in Figure 5.21, no contact with father and educational attainment were closely grouped together, whereas contact with father and no educational attainment were closely grouped at the other end.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

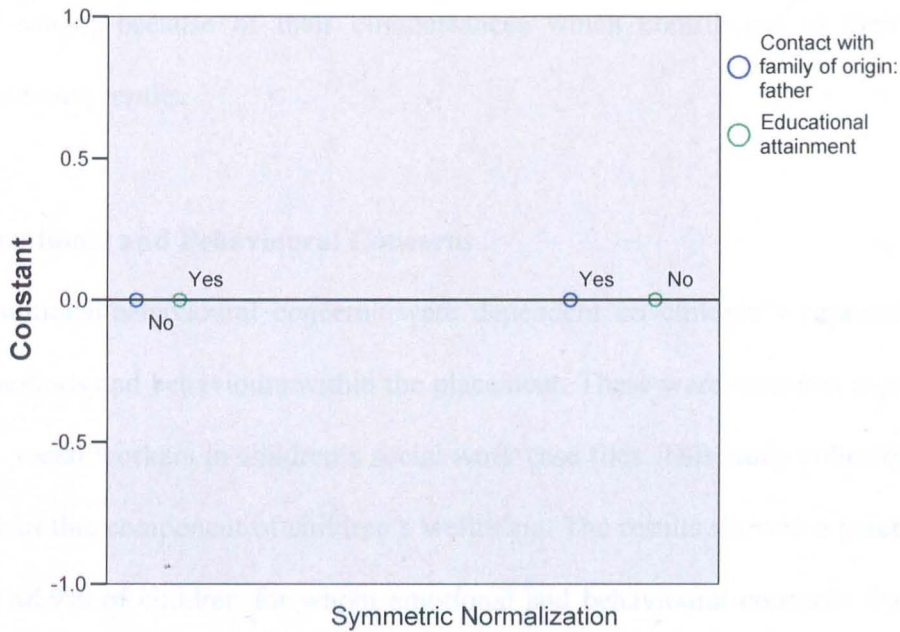


Figure 5.21: Correspondence Analysis: Educational Attainment by  
Contact with Father

This is a major finding as it challenges current theoretical frameworks on attachment and socio-genealogical connectedness (see Owusu-Bempah, 2010). Both theories underline the importance of contact and children's wellbeing including their educational attainment. In the Maltese context, this result may well reflect an ingrained culture in parenting roles by mothers and fathers. Fathers do not generally encourage children to study and do well at school. This is mostly the mother's role. Therefore, contact with the father was unlikely to

contribute positively to the children's educational attainment. It may also be that the group of children who had contact with their fathers also had a bad start in school because of their circumstances which contributed to their poor academic results.

### **Emotional and Behavioural Concerns**

Emotional/behavioural concerns were dependent on children's expression of emotions and behaviours within the placement. These were concerns expressed by social workers in children's social work case files. This study collected data about this component of children's wellbeing. The results showed a percentage of 48.9% of children for whom emotional and behavioural concerns featured. No significant result was obtained when a chi square test was run to test emotional/behavioural concerns. The gender variable also did not yield significant results when tested with emotional/behavioural concerns. Similarly when other chi square tests of independence were run by other variables namely the children's legal status and their type of care concurrent with emotional and behavioural concerns, no statistically significant results were obtained.

Two tailed independent t-tests run, obtained no statistically significant results for emotional/behavioural concerns by the number of placements moves, number of days in care and number of days in current foster placement. Similarly two tailed independent t-tests did not yield statistically significant results when within the equation, the following variables were present: age at

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

the time of the study, age when first went into care and age when admitted to current foster placement.

The variable contact was also put to the test to assess whether there was a relation with emotional/behavioural concerns. No statistically significant results were identified when chi square tests of independence were run by contact with family, contact with siblings, contact with father, contact with grandparents and contact with aunts/uncles. However, significant results were obtained when a chi square test of independence was run between contact with mother and emotional/behavioural concerns ( $X^2 = 3.996$ ,  $df = 1$ ,  $p = .046$ ) (see Table 5.24).

Contact with family of origin: mother * Emotional/Behavioural Concerns Crosstabulation					
			Emotional/Behavioural Concerns		Total
			Yes	No	
Contact with family of origin: mother	Yes	Count	48	39	87
		Expected Count	42.5	44.5	87.0
		% of Total	36.1%	29.3%	65.4%
	No	Count	17	29	46
		Expected Count	22.5	23.5	46.0
		% of Total	12.8%	21.8%	34.6%
Total	Count		65	68	133
	Expected Count		65.0	68.0	133.0
	% of Total		48.9%	51.1%	100.0%

$$X^2 = 3.996, df=1, p=0.046$$

*Table 5.24: Contact with Family of Origin (Mother) by Emotional Behavioural  
Concerns*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

The chi square test of independence showed that when contact with mother was present, there were emotional behavioural concerns. Contact with the mother seems to generate a myriad of emotions and resultant behaviour by children. In order to further investigate this result a correspondence analysis was run (see Figure 5.22).

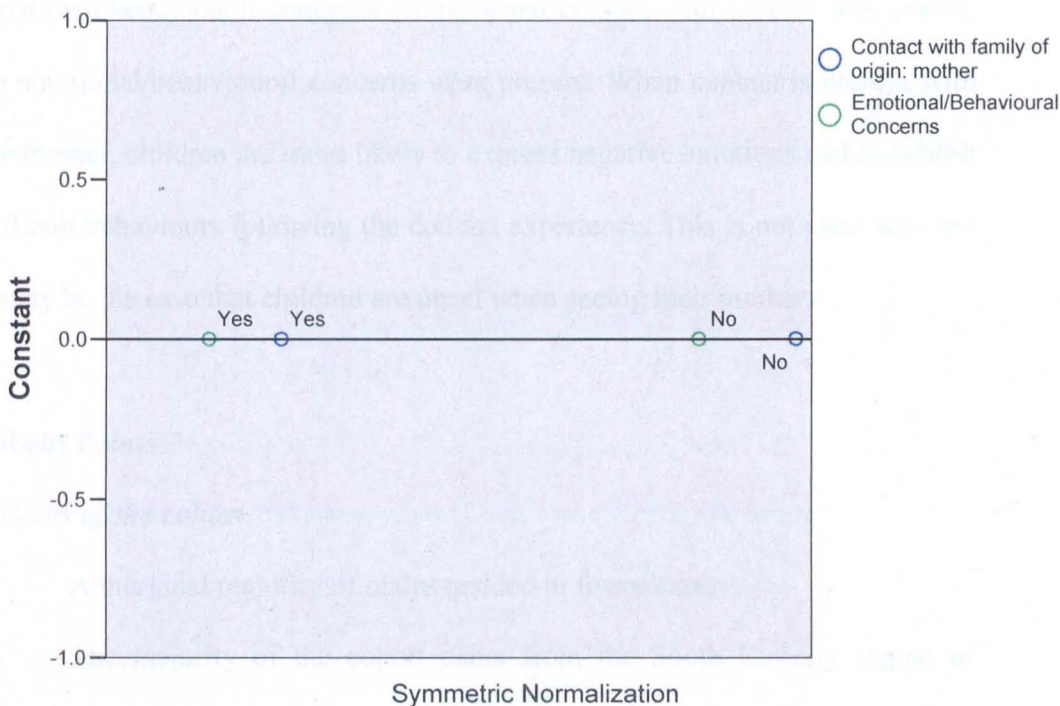


Figure 5.22: Correspondence Analysis: Emotional Behavioural Concerns by  
Contact with Mother

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

In visibly clearer format, the correspondence analysis graphically showed the significant chi square results obtained between contact with family of origin: mother and emotional/behavioural concerns. The patterns which emerged indicated that contact with mother and emotional/behavioural concerns were closely grouped at one end and no contact with mother and no emotional/behavioural concerns were closely grouped at the other end (see Figure 5.22). Thus, when contact with mother was present, there were emotional/behavioural concerns whilst when contact with mother was absent, no emotional/behavioural concerns were present. When contact is present with the mother, children are more likely to express negative emotions and to exhibit difficult behaviours following the contact experience. This is not clear why but it may be the case that children are upset when seeing their mother.

### **Salient Points**

#### ***Origins of the cohort***

- A marginal majority of males resided in foster care.
- The majority of the cohort came from the South Easterly region of Malta and the relative majority from the Southern Harbour District.
- The cohort was mostly Maltese. Few had mixed heritage. When mixed heritage was present, in most cases the father was of foreign origin.

#### ***Disabilities and learning difficulties***

- Disabilities/learning difficulties were identified in less than a quarter of the cohort.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

- Dyslexia and ADHD were mostly present within the cohort.

***Health***

- The survey reported that the majority of children in foster care were healthy.
- Both males and females were healthy, nonetheless, a chi square test of independence pointed to female fostered children as healthier than their male counterparts.
- Children under a voluntary agreement were most likely to be healthy.
- Children under a care order were least likely to experience a positive health experience.

***Educational attainment***

- A high percentage of children in foster care attained an educational level commensurate to their age.
- Educational attainment was significantly associated with number of days in care and number of days in current foster placement.
- Children who obtained the desired educational level had a shorter stay in care.
- Similarly children who obtained an educational level had a shorter stay within the current foster placement.
- Educational achievement was present in younger children when compared with older children.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

***Age of children and entry to care***

- The majority of children were in the age group 5-9 years with a mean age of 8.7 years.
- Children entered care at a very young age. More than half of the cohort, entered care prior to their first year of age.

***Length of time in care***

- The cohort generally had a long term experience in care. A long term experience was also prevalent within the current foster placement.
- Children also experienced long term care in previous placement/s prior to their move to the current foster placement.
- Males remained slightly longer either in their previous placement or with the family of origin, as applicable, prior to moving to the current foster placement.

***Type of care and placement***

- The majority of children were in care on a voluntary agreement.
- Less than a third were legally under a care order.
- Despite over half of children being in social contact and non-related care, over 41% of children were in the care of the kinship carers.
- Children in care on a voluntary agreement were more likely to be in kinship care. On the other hand, children under a care order were more likely to be in non-related care.
- A homogeneity analysis identified the increasing presence of males in social contact and females in kinship care.



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

***Reasons for care***

- The majority of children went into care as a result of parental issues.
- A minority went into care due to child issues. Only one child entered care as a result of sub-standard housing (external issue).
- The four main parental reasons were mental health; rejection, estrangement from/or collapse of family; single parenthood and substance misuse/drugs.
- When children came into care as a result of child issues, this was mostly due to child abuse.

***Entry into care, legal status and type of care***

- Reasons for entry into care were associated with legal status and type of care.
- Children cared for by kin carers were admitted voluntarily and as a result of parental issues.

Children under a care order were admitted to non-related care as a result of child issues.

***Length of time in care and placement issues***

- The number of days in care ranged between 23 days to the total of 6,335 days (17 years) with a mean of 2,531.25 days (7 years).
- The total number of days in current placement ranged between 23 days to the total of 5,940 days (16 years) with a mean of 1,536.32 days (4 years).

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

- The majority of children were in long term foster care i.e. for more than two years and over.

***Previous placements***

- The majority of the cohort experienced previous placements.
- In the majority of cases, a previous placement was residential care.
- Children in care on a voluntary agreement experienced previous placements. Yet they were also mostly likely to have had the least number of previous placements.
- Children under a care order also experienced previous placements.
- Children in social contact care were most likely to have had previous placements followed by children in non-related care.
- Results reported that the majority of children in kinship care under a voluntary agreement did not experience previous placements.
- The absolute majority of children in foster care experienced a minimum of one placement move or more.

***Moves in care***

- Children spent years in the same placement before they moved to another placement.
- Children in kinship care were the least likely to have moved from one placement to other when compared with their counterparts in non-related and social contact care.
- Children on a care order were more likely to have had placement moves than their counterparts on voluntary agreement.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

- The last move mostly occurred as a result of a planned transition followed by a request of foster carers for the child to be placed with them.
- A planned transition mostly occurred in case of social contact and non-related care. In case of kinship care, the child's move occurred following a request by foster carers.
- In the case of children under a care order and under a voluntary agreement, the last move occurred on the basis of a planned transition. Notwithstanding, in the case of voluntary agreement, last move was also a result of foster carers' requests.

***Contact with family***

- An impressive number of children (97%) had contact with their family of origin.
- Contact was mostly likely with siblings followed by contact with mother.
- When contact with family members occurred, it mostly occurred on a weekly basis followed by monthly contact.
- Children in kinship care were in contact with their mother. In addition, non-related care and, to a lesser extent, social contact care were also conducive to contact with the mother.
- Social contact care and non-related care experience were not conducive to contact with father. On the other hand, kinship care facilitated contact with the father.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

- Contact with siblings mostly occurred when children resided in social contact care. Kinship care and non-related care also promoted contact with siblings.
- Kinship care encouraged contact with grandparents. However, contact with grandparents was least prevalent when children resided in social contact and non-related care.
- In the case of contact with aunts and uncles this was likely not to occur in any type of care.
- Children were most likely to meet their family of origin at foster carer's home followed by the family home, public venues and social welfare premises.
- Children who resided in kinship care were most likely to establish contact with their family of origin at the foster carer's home.
- On the other hand, when children were cared for by social contact carers or non-related carers, they were more likely to meet their family of origin at public venues and to a lesser extent at social welfare premises.
- Most contact did not occur under supervision.
- Care ordered children who resided in non-related care were most likely to receive supervision during their visits.
- The majority of children had between one to three siblings.
- Only a quarter of the children who had siblings were placed with some of their siblings in same placement.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

- Contact with the father was unlikely to contribute positively to the children's educational attainment.
- Emotional and behavioural concerns featured in nearly half of the cohort.
- When contact with mother was available, there were emotional/behavioural concerns.

***Foster carers' own children***

- Children also lived with other fostered stranger children or lived with the foster carers' own children.
- The majority of 'other children' who resided in the foster placement were foster carers' own children.
- Children who resided in social contact care were likely to experience a placement where the foster carers' children were also present.
- Kinship care was also likely to offer a placement where both siblings and foster carers' children shared the same living arrangements.
- Children under a care order were likely to experience foster carers' children in their placement.
- Children under a voluntary agreement were also likely to experience foster carers' children in their placement.

**Conclusion**

The findings provide food for thought and give rise to a serious discussion about the care careers of the cohort under study. Children within the fostering

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

system are vulnerable, mostly placed as result of adverse parental situations. Some were also admitted in care due to child abuse. Their experience in care is long term. A relative high percentage of the cohort, compared with the general population, has a learning difficulty or a disability. Children also experienced previous placements. Siblings more often than not were not residing within the same placement.

On the other hand, children are frequently in contact with their siblings followed by contact with their mother. The survey findings reported that as a result of contact with father, educational attainment seems to suffer. In addition, social workers are worried about children's emotions and behaviours, which are expressed prior or following contact visits with mother. Discussion about the implications of these findings is presented in the following chapter. Chapter 6 discusses these findings and refers to the literature and other research (see Chapter 2) and the fostering developments (see Chapter 3).

## **CHAPTER 6**

### **MAPPING MALTESE CHILDREN IN FOSTER CARE: DISCUSSION OF FINDINGS**

## **Introduction**

As reported in Chapter 1, the survey described in Chapter 5 was conducted to fulfil the second objective of this thesis: the mapping of fostered children's experience of the care system, including experiences of contact. Interesting results about contact emerged (see Chapter 5), including its frequency, venue and the relationship between contact, education and emotional/behavioural concerns.

This chapter discusses the findings from Chapter 5. Findings are discussed in relation to other research and the fostering developments occurring within the Maltese Islands. The reader will be cross referred to three main chapters: Chapter 2, Chapter 3 and Chapter 5, where the key findings are presented.

In the following sections of this chapter, demographic results of gender, locality, ethnicity, learning difficulty/disability (if any) and age are examined. Moreover, this chapter also discusses the findings of the type of care and legal status and their relation with other variables. Reasons for entry into care, duration of care experiences, previous placements and moves, contact arrangements, family and placement experiences together with health, educational attainment and emotional/behavioural concerns are interpreted and discussed in the different sections of this chapter.

### **Gender, Locality, Ethnicity and Learning Difficulty/Disabilities**

The cohort of fostered children was composed of more males than females. This is different from the general population of children residing in Malta, where there are more females than males between the ages of 0 to 18. Yet



the findings of this study are similar to Cleaver's study (2000) of foster care contact where there were more males in the sample of 152 children. Another earlier study about children living in long term foster care reported the same results (see Berridge & Cleaver, 1987). This general trend of more males than females is also present in other cohorts of Maltese children in foster care. For example, out of the total cohort of 160 Maltese children in foster care, as at end of March 2009, 81 were males and 79 were females.

Males were older than their female counterparts when admitted to their current foster placement. Males were likely to stay longer in previous residential placements. In addition, in general, males were more likely to be admitted to care than females. On the other hand, it may be suggested that females are more likely to remain with the family of origin. One explanation for this is that, when family adversities occur, such as parental ill health, females are expected to fulfil a carer's role.

Predominantly, fostered children come from the Southern Harbour District. This mirrors the general trend of service users of the social welfare agency APPOGG (personal communication with Operations Director, APPOGG, 2005 & 2009). It is often suggested that the Southern Harbour District is one of the most deprived districts, where a concentration of social problems exists.

A minority but significant number of children have mixed heritage. In most cases, the father is non Maltese. This is similar to the general trend of the Maltese population. In the Maltese Islands, the majority of people are of a

Maltese origin with a minority of foreign origin. During the past few years, an increase in mixed marriages with nationals of African descent has been evidenced. Malta has also experienced an increase in asylum seekers from the African continent. It is suggested that this will have an impact, such as increasing mixed marriages and more children with a mixed heritage will be noted in the years to come. As a result, future cohorts of children in foster care are likely to reflect this demographic change.

Learning difficulties and disability also feature in the cohort. Learning difficulties are most prevalent. An increasing awareness of disabilities, including learning difficulties, has occurred throughout the recent past. Its representation within this cohort signals an increasing sensitivity and understanding of learning difficulties and disability. More than 20% of the cohort has some form of learning difficulty and/or disability. This is a high percentage when compared with the percentage of disabled children and children with learning difficulties in the general population (personal communication with Chairperson National Commission for Persons with Disability, 2005). Disabled people comprise about 10% of the general population which suggests that the cohort consists of children who are more prone to difficulties and, arguably, need more support.

A high percentage of children experiencing learning difficulties and/or disability signal the difficulties often experienced by family members, including parents. The literature is full of anecdotes showing the difficulties experienced by children resulting from their family experiences (see Bond, 2005; Cairns, 2004; Schofield, 2002, Owusu-Bempah, 2010). Fostered

children often come from distressed families facing various adversities. A high percentage of children experiencing certain difficulties within the cohort is to be expected. The high percentage is also indicative of parental adverse experiences. Children's reasons for admission into care are highly influenced by parental issues. More than 80% are admitted as a result of parental issues, within which mental health, rejection, estrangement from/or collapse of the family, single parenthood and substance misuse/drugs are well represented.

### **Age**

Children's current ages at the time of the study are well dispersed. Children residing in foster care vary in age from very young children to 'old' teenagers. On the other hand, children's age at point of entry into care is more restricted and there is a limited age range. The general trend is that admission into care stands at a mean age of two years and slightly over. This in itself indicates that children have usually lived with their family of origin for about two years.

In child development, the first two to three years are seen as significant to the child's holistic development. During these years, children make rapid changes in their psychosocial and physical skills including motor abilities. Children's attachment is also developing during this period and children become discriminatory in their approach (Emde, 1989; Fahlberg, 1994 & Daniel, 2006).

Whilst age at point of entry into the care system has been considered as a significant variable, the study also touched on other matters. For example, when the variable children's age at point of entry into the current foster placement was analysed with the variable current age at the time of the study, interesting results were revealed. The difference between their current age at the time of the study and the age when children were admitted to the current foster placement suggests a long term care experience of children within the current foster placement. It is also clear that the difference between children's age when first admitted into care and their age when admitted to the current foster placement points to their having already had a long term experience in previous placement/s.

It is of course obvious that the older the child is when first admitted into care, the older the child will be when the current foster placement is experienced. A gender difference in age only exists when children are admitted to the current foster placement. Males are slightly older than their female counterparts when admitted to the current foster placement. The findings suggest that they are likely to stay longer with their previous carers than their female counterparts. The reason for staying longer with previous carers is worth exploring. In some sub-cultures, having a boy is seen as more rewarding. In the Maltese Islands, it may be one of the reasons why males stay longer than females with their previous carers.

### **Legal Status and Type of Care**

A legal framework, regulating and supporting developments of Maltese foster care, was absent when the survey was conducted. Despite this

absence, the majority of fostered children were in foster care with the expressed consent of their family of origin. A closer look at this finding reveals other interesting issues. The homogeneity analysis graphically presents a close interplay between voluntary agreement and kinship care. Children voluntarily admitted to foster care are likely to reside with kin carers.

As reported in Chapter 3, the decision of biological parents to relinquish the care of their children to family relatives is less threatening and a common practice within the local context. The role of the extended family is still strong in this respect. Knowledge of the local context is significant in order to understand that any difficulties and problems are often resolved by means of tapping into family resources and support. This result very much echoes the views of Owusu-Bempah in his work *The Wellbeing of Children in Care: A New Approach for Improving Developmental Outcomes*. Owusu-Bempah (2010) underlines the significance of kinship care and stresses the pivotal role kin care has had in the care of related children.

Also worth considering is the recent development of professional fostering services within the Maltese context and the impact of the Child in Care Benefit which revealed the extent of kinship care. For generations families relied on family support (Owusu-Bempah, 2010), followed by residential settings. As suggested both by this study and Abela *et al.* (2005), non-related carers, mostly formal carers, are suspiciously looked at with the result that, to some degree until this present day, parents are somewhat resistant to using this service. The study has shown that things may be

changing and signs of openness to non-related foster carers are being observed.

Care ordered children are more likely to be placed with non-related carers. In this case, family consent is not required. Therefore, having most of the children in foster care admitted to kinship care with the expressed consent of parents and fewer children on a care order present in non-related care clearly portrays the current state of Maltese fostering services. Cultural factors definitely come into play including the recent advent of professional fostering services and the absence of a Children Act, amongst others. Consequently, because of the difference in cultural factors, the findings from this study are different from those obtained by Sinclair *et al.* (2000). While in this survey study, children in kinship care are well represented, Sinclair *et al.* (2000) point out that relative fostering was under-represented in their survey sample.

### **Reasons for Entry into Care**

The main reasons for entry into care are linked to parental issues. These reasons reflect the lack of parental capacity to look after their children. Notwithstanding, it may be that parental reasons do not in any way reflect the total picture of difficulties children may have faced at point of entry into the care system. The reasons as documented in the files only indicate the main reason precipitating the cohort's entry into care. For example, whether other children in the household had been abused prior to their entry into care may not be well documented and, therefore, not reflected in the data collected.

Predominantly the cohort has been admitted into care following voluntary agreements and kin care arrangements. Accordingly, it may be that incomplete information is present. Kin carers may be reluctant to declare that their relatives have been abusive towards the child. They may see other factors such as mental health, drug abuse or single parenthood as the main reasons to care for the child being assigned to them.

This argument is further supported by additional analysis. As reported in Chapter 5, when child issues of abuse/neglect were present, care orders were issued by the authorities. On the other hand, when parental issues such as mental health or substance misuse were present, voluntary agreements were more likely. -

The homogeneity analysis records two patterns: i) parental issues are grouped with kinship care and voluntary agreements and ii) child issues are grouped with non-related care and care orders. Though the chi square test of independence run for reasons for entry into care by type of care is not significant at 0.05 levels, nonetheless there is a pattern of parental issues effecting children's entry into kinship care. Kinship care is also closely related to voluntary agreement. In addition, as would be expected, abuse/neglect of a child influences the child's legal status and a care order is more likely to be issued in these cases. As reported by the findings, children on a care order are more likely to be cared for by non-related carers.

### **Duration of Care Experiences**

The cohort's care experiences are long term in nature. Different studies have defined long term foster care varying from two years (McAuley, 1996) to three years (Rowe, Hundelby & Garnett, 1989). Thoburn (1991) identifies long term foster care as permanent fostering, a model similar to adoption.

As seen from the results, though the experience in fostering is shorter than the overall care experience, nonetheless other results still point to foster care currently experienced as long term. The findings suggest the cohort has had little experience of short term, intermediate or respite foster services. At the time of the study, specialised fostering was still non-existent in the Maltese Islands. Proposals were presented to the Ministry for Social Policy to begin its development (personal communication with APPOGG Children Services Manager 2005 & 2010). During 2009, the then Minister for Social Policy set up a task group to look into the issue of lack of placements. Overall, this task group came up with different proposals, not only about specialised fostering but fostering in general (personal communication with APPOGG Operations Director, 2010 and see Chapter 3). Specialised fostering came into fruition at the latter part of 2011 and early 2012.

Long term care is experienced by children residing in non-related care, kinship care and social contact. Yet differences are present amongst the three types of care services. Children living in non-related and kinship care have had shorter stays in care when compared with children cared for by social contact carers. Children residing in social contact have also experienced a longer stay in their current foster placement than their non-



related cared counterparts. The findings suggest that children residing in kin care have come into this placement straight away whereas social contact cared children have experienced other placements.

Finally, a difference in length of stay in their current foster placement between children legally placed under a care order and children placed voluntarily has been found. Children legally under a care order experienced a shorter stay in their current foster placement than their voluntary consented counterparts. These results do not come as a surprise. Care ordered children are likely to be placed in non-related care and voluntary admitted children in kinship care. The relation between legal status and type of care signals the consistency of the results. Children under a care order experience a shorter stay in their current foster placement. They are likely to have experienced other placements such as residential care and been admitted to their current foster care at a later stage. Children in care as a result of a voluntary agreement are in kinship foster care. They experience a longer stay in their current foster placement and are less exposed to other placements. Owusu-Bempah (2010) reported that kinship care, differently from stranger foster care, offered children stability and permanency. The results obtained in this study concur with such views.

### **Previous Placements and Moves**

The majority of the cohort experienced previous placements. Most of the previous placements occurred in residential care. As reported in Chapter 5, the highest percentage difference in the experience of placement moves and no placement moves was seen in children under a care order. Results also

show that children in social contact care experienced previous placements. These were followed by their counterparts in non-related care. Children residing in kinship care, following a voluntary agreement, were least likely to experience previous placements.

The literature has a number of indicators, amongst them the experience of previous placements, often considered to have a negative affect on the child's wellbeing. Experiencing various placement moves is not conducive to the child's wellbeing (Thoburn, 1999). On the other hand, permanency is more likely to contribute to the child's wellbeing including their attachment and identity development (Fahlberg, 1991; Beek & Schofield, 2004, Owusu-Bempah, 2010). Most of the children within the cohort experienced previous placements in residential care. These experiences may have taken their toll on these children. This leads to some serious concerns. These include the lack of experience of a family life as well as the experience of moving from one placement to other. Such experiences may negatively affect the children's pattern of attachment, their emotional/behavioural expressions and educational achievement.

In general, the majority of the cohort has experienced at least one placement move (see Chapter 5, p.157). There are instances when some of the children experienced more than one move (37%), with the largest number of moves being five (1.5%). Placement moves are not an uncommon experience in foster care (see Mapp & Steinberg, 2007). The results support a well known local pattern. In the Maltese Islands, the experience in residential care is combined with the experience of moving from one residential home to

other. This is according to the residential home's policy. Children reaching the home's age limit are shifted to another home according to their age group and gender. Therefore, similar to Millham *et al.* (1985), this study showed that entry into care did not lead to greater stability for fostered children and the experience was not without disruptions. Kinship care, however, seems to offer greater stability for the children (see Owusu-Bempah, 2010).

Two main reasons for the last move are reported in Chapter 5. These are planned transition and request by foster carers. These reasons are related to the legal status available. Children experiencing social contact care and non-related care last moved as a result of planned transitions. It is suggested that the role of social workers and where applicable, the Children and Young Persons Advisory Board, have been significant in ensuring that the children's move into their current foster placement came about according to a plan. On the other hand, the reason for the last move of children residing in kinship care is a direct result of foster carers' request. This finding does not come as a surprise. Kinship carers show their inclination to care for the child. The children's biological parents are likely to be aware of their kin's inclination and thus a mutual voluntary agreement between the parties to have the children cared by family relatives is reached. As reported in Chapter 3, this kind of arrangement is seen favourably by the children's biological parents. They do not feel threatened that their children will be taken away but rather perceive the option of care by kinship carers as a natural option. This is very much in line with Maltese ingrained cultural expectations and is also reported in other countries (see Owusu-Bempah,

2010). The care of children is a family 'business'. Owusu-Bempah (2010) reports that it comes naturally for kin to take care of related children, and this is still present in African countries.

### **Contact Arrangements**

The absence of a legal framework regulating the children's right to contact, did not limit the occurrence of physical contact between the children and their family of origin. A staggering 97% of the Maltese cohort has physical contact. This is very different from what Millham *et al.* (1986) report. As reported in Chapter 2, their study *Lost in Care* suggested that long term care led to loss of contact. In this thesis, the survey study showed that long term placements were not conducive to a loss of contact.

In different studies in the UK (see Sinclair *et al.* 2000; Cleaver, 2000; and Farmer *et al.* 2004) the mother was the person with whom children kept most contact, followed by contact with siblings. By contrast, in this study, children experienced most contact with their siblings. This was closely followed by contact with the mother.

Physical contact with father was experienced by less than half of the cohort. Contact with grandparents and aunts/uncles is further reduced. Despite this dramatic reduction in contact with both father and other family members, contact with the father and other family members is still maintained. One of the reasons may be that social work intervention is used to support this contact.

Age is one of the factors linked to frequency of contact (see Farmer *et al.* 2004; Sinclair, 2005 & Thoburn *et al.* 2000). In this survey study, age did not influence frequency of contact. Additionally, children's contact experience with different family members is influenced by the type of care. Kinship care is conducive to contact with both parents and grandparents. Social contact and non-related care can impinge negatively on the child's contact with father and grandparents, though not in the case of the mother. On the other hand, social contact care is the most likely to facilitate the child's contact with siblings, though kinship care and non-related care also facilitate contact with siblings.

The survey reports kinship care as the type of care most likely to facilitate the experience of contact between family members. This result mirrors other studies. These studies identify the link between kinship care and the maintenance of contact with family and friends (see Aldgate & McIntosh, 2006; Everett, 1995; Hunt, 2001; Owusu-Bempah, 2010; Satterfield, 2000). Whilst kinship care is the type of care leading to contact experiences, little is known of how kin carers feel about contact and how they manage contact. Kin carers may be reluctant but have no other option but to facilitate contact. Thus what may be identified as the *inclusive model* of contact (Holman, 1980; Cleaver, 2000) where contact between child and family members is facilitated, in reality is a situation where no other option is available. However, Owusu-Bempah (2010) reports that it is often the case that kinship carers are willing and see their role as keeping contact possibilities open.

On the other hand, non-related care and social contact care facilitate contact with siblings and the mother. Contact with other family members is not facilitated. This result echoes the findings of other international studies exploring challenges to contact (see Millham *et al.* 1986; Cleaver, 2000 and Mapp & Steinberg, 2007). It is suggested that the issue of control by non-related and social contact foster carers contributes to contact prevention. These carers may harbour feelings which prevent their foster children's contact with their father, grandparents and aunts/uncles. They may see contact with such family members as cumbersome to manage.

It may also be the case that social workers do not see the significance of other family members contact but only focus on contact with the mother and siblings. Rather than facilitating contact with other family members such as father, grandparents and aunts/uncles, social workers put restrictions on contact for children in social contact and non-related care. Thus wider contact is not facilitated, leading to an *exclusive model* of contact (Holman, 1980; Cleaver, 2000). It may also be the case that social workers see kinship care in a different light and so do not put much restriction on this type of care (Owusu-Bempah, 2010). After all it is the family which is taking care of the child.

The results report a relationship between children under a care order and non-related care. When it comes to children under a care order the reasons for children's admission into care are often related to child abuse. As a result, social workers may also prevent contact from occurring with father and other family members because of child protection issues. In this case,

contact visits are also regulated by the Children and Young Persons Advisory Board upon the recommendations of the children's social worker.

In this study, the recorded contact venues were the following: foster carer's home, family home, public venues and social welfare premises. The venues identified are also the main venues identified by other studies (Cleaver, 2000; Triseliotis *et al.* 2000). Supervised contact visits are likely to be experienced by children under a care order and residing in non-related care. Children residing in kin care under a voluntary agreement are the least likely to receive supervision during their visits. These visits are likely to occur at the foster carers' home. Such a finding is significant in throwing light on the openness of the contact experience.

It can be argued that it is reasonable for contact to be supervised when children are under a care order, living in non-related care. They, more often than not, have experienced child abuse. However, children in kinship care under a voluntary agreement may also be at risk. Ainsworth & Maluccio (1998) point to the cosy view of kinship care and urge caution about the assumption of kinship care being risk free care. The experience of children in kinship care, during their contact visits, may be conducive to manipulation. Other studies have shown that relationships between carers, children and parents are not problem free (O' Brien, 1999; Cleaver, 2000, Aldgate & McIntosh, 2006).

Children residing in kinship care experience contact with their family of origin in an environment which is familiar to all. This in itself may be

positive, leading to the child and family members feeling at ease during their contact visits. On the other hand, it may also present a negative experience to the child when boundaries are not available (Cleaver, 2000). Voluntarily consenting to admitting one's child into kin care does not in any way lessen the risk of children feeling frightened of their parents. Kin care, though it may promulgate the experience of contact, may sometimes be falling short in providing children with a safe environment, where apart from feeling well taken care of, children also feel protected.

Owusu-Bempah (2010) disagrees with such a view and stresses that kinship care provides children with less traumatic experiences and adjustment opportunities. Finally kin carers most often 'grandparents are the most constant persons in their lives' (Owusu-Bempah, 2010, p.126). They offer children opportunities to maintain relationships even with their parents. Furthermore, their role ensures that children achieve 'identity and psychological wellbeing' (p. 131). This is the result of socio-genealogical connectedness (see Chapter 2). When cared by kin carers, children are allowed to 'integrate into their inner world's their parents' biological, cultural and social backgrounds' (p.114).

### **Siblings and Other Children in Placement**

In this study same sibling placement was an uncommon experience. Similar results were found by Sinclair *et al.* (2000). In Sinclair's study, only a quarter of children resided in the same placement with a sibling. The majority of children did not experience foster care together with their siblings. Such experiences may negatively influence children's wellbeing.



Quinton *et al.* (1998) reported a significant strong association between siblings residing in same placement and positive outcomes.

In this study, a significant number of the cohort's siblings were still residing in the family home. Some had also been separately fostered. A small percentage of siblings were in residential care, whilst others lived independently or had been adopted. Considering that close to 60% of the cohort's siblings were still at home gives rise to concerns about the risk factors of children remaining at home. If most of the reasons for the admission of our cohort are factors concerning parental issues, siblings would have most likely faced the same difficulties, which led to the cohort's admission into care.

Another issue related to siblings residing in the birth parent's home concerns the placement outcome of our cohort. Sinclair *et al.* (2000) reported that children who had siblings living with their birth parents were more likely to disrupt in their placement. The success of the children's placement was seen as in jeopardy when siblings were still living within the family home. Therefore, there are other risks, which may impinge on the placement success of the cohort under study.

Whilst the aim is to increase the fostering service for looked after children, until this present day same sibling placement still lags behind (personal communication with APPOGG Children Services Manager, 2009). As identified in Chapter 3, the professionalism of fostering services within the

Maltese Islands is still a recent advance and thus it will take some time until same placement practice catches up.

Foster carers' own children are the children most likely to be found residing within the placement. Though exposing the cohort to other children enriches the cohort's family life experience, nonetheless, the literature clearly spells out the impact of such factors and the disruption that arises if the age gap is too narrow between foster carers' children and fostered children (Mullender, 1999). This study did not collect data about the age categories of foster carers' children and the effects of having other children within the placement. It is suggested that future research addresses such relevant issues which may be significant in understanding the placement's outcome.

## **Health**

This survey study collected data about the cohort's health. Both males and females, though to lesser extent males, were healthy. Owusu-Bempah (2010) reported that children in kinship care were more likely to fare better in their health than children in public care. This survey study attained no significant results about health and type of care. Placements as a result of voluntary agreement were conducive to a healthy status. On the other hand, half of the children on a care order were likely to experience health concerns.

As other findings in this study suggest, children on a voluntary agreement were least likely to have been admitted as a result of abuse/neglect, whereas abuse/neglect significantly featured as reasons for admission of care ordered

children. Abuse/neglect, apart from negatively affecting the children's psychological make up is also a hazard to other aspects of their wellbeing namely physical health (Foley *et al.* 2001). Professionals and carers should be encouraged to closely monitor care ordered children and their health.

### **Educational Attainment**

Education is an important variable in children's development (Department of Health *et al.* 2000; Aldgate & McIntosh, 2006). Lack of educational attainment affects employment outcomes. Individuals experiencing no or a lack of educational attainment are more prone to unemployment (Owusu-Bempah, 2010). In this study, an encouragingly high percentage of fostered children achieved reasonable educational outcomes.

In this survey study, shorter stays in care and in current foster placement were conducive to better educational attainment. Younger children were more likely to attain the desired educational level. It is suggested that experiencing longer stays and being older entails some sort of disruption to the children's life experiences. The experience of re-establishing contact with the family of origin and the disappointing feelings often experienced by the children when some family members do not show up for contact visits, as well as the identity questions that often arise when children grow older, may influence the children's concentration and attention that education merits.

Another important result was the presence of contact with father and its impact on the child's educational attainment. There was a positive

association between no contact with the father and the child's educational achievement. There was a negative association between contact with the father and the child's educational attainment. This result challenges the assumptions presented in the work of Owusu-Bempah (2010). This author reported that as a result of contact opportunities often present in kinship care, children were more likely to attain academic achievements. Explaining the result in this study is complex. First, culturally, in Malta, fathers do not have a role to encourage their children to invest in education but leave it to mothers to encourage their children to study and attain a high educational level. Some fathers are likely to see their children's investment in education as a 'strain to the brain'. Education is often not identified by fathers as a good source of income. Though this may partly contribute to the findings in this study, it may not be the whole explanation. It may also be that the group of children who had contact with their fathers also had a bad start in school because of their circumstances which contributed to their poor academic results.

### **Emotional and Behavioural Concerns**

No significant results were obtained when the variable emotional/behavioural concerns was put to the test. Yet significant results were yielded when contact with mother and emotional/behavioural concerns was analysed.

The results report that contact with the mother was associated with emotional/behavioural concerns. Some studies do link contact with children's wellbeing (see Fahlberg, 1994; Cleaver, 2000). On the other

hand, Quinton *et al.* (1997) outline that there are no conclusive results relating contact to positive outcomes for children. In the survey study, contact with the mother was not related to positive outcomes for children but as shown by the correspondence analysis, (see Chapter 5, p.194) the presence of contact with the mother was associated with emotional/behavioural concerns. After contact visits, it was often reported that some children threw tantrums and others expressed behaviours such as closing in on themselves or bedwetting. Moyers *et al.* (2006) reported that contact difficulties predicted later placement breakdowns. Therefore, the implications of this result could warrant further action by social workers.

As per personal communication with the Leader of the Fostering Team (2009), meeting their mother has serious repercussions for some fostered children. Upon their return from contact visits with their mother, it is visibly clear that children show signs of anxiety and more often than not throw tantrums. Though the literature discusses the positive outcomes of contact (see Jolly, 1994; Cleaver, 2000, Owusu-Bempah, 2010 and Schofield & Beek, 2006), the experiences of this cohort raises questions about the value of physical contact in all cases.

Prior to contact visits, children need to be professionally prepared. Foster carers also need preparation to help them deal with children's behaviours and anxieties prior to and upon children's return from contact visits. Foster carers are the individuals who on a daily basis have to deal with children's emotions and behaviours. Preparation of both foster carers and children will ensure that children and carers are positively affected and placements are

safeguarded. Finally social workers should not only promote physical contact but other alternative means of contact should be considered. For example, Owusu-Bempah (2007 & 2010) sees contact not merely as physical but as long as children are provided with positive information about their parents' biological, cultural and social backgrounds, they are likely to achieve psychological wellbeing (see Chapter 2).

## **Conclusion**

This chapter discussed the findings reported in Chapter 5. The survey study fulfilled the second objective of this thesis, which was to map the Maltese cohort of fostered children. The survey findings of contact experiences and fostered children were significant to the development of the intensive study. Despite the absence of legislation addressing children's rights, the survey findings report contact with the family of origin is frequently experienced by the cohort.

In the following chapters (Chapter 7 to 10), findings and the discussion of the intensive study of contact experiences are presented. This is the third and the main objective of this thesis (see Chapter 1). Children are the main informants about contact experiences and foster carers' views are also canvassed to capture another perspective of contact management. The survey results showed children under a care order were likely to experience non-related care and to have been exposed to certain adverse situations. The researcher wanted to focus on the most vulnerable children. As a result they were the target sample of the intensive study (see Chapter 4).

## **CHAPTER 7**

# **GETTING TO KNOW FOSTERED CHILDREN**

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

### **Introduction**

The study of contact arrangements is the main aim of this thesis. The intensive study of contact arrangements was developed in response to the findings of the survey study. In the survey study, contact with siblings followed by contact with mother was identified as most prevalent within the cohort. Children under a care order were supervised during contact, whilst children in voluntary agreed care were mostly likely not to be supervised. Contact was also linked with difficulties in educational attainment and emotional/behavioural concerns.

On the basis of these findings, the intensive study focused on children under a care order and aimed to answer the last three research questions of this thesis (see Chapter 1, p.7 and Chapter 4, p.89). A small number of children in foster care were interviewed. As a result the researcher assessed the representativeness of the participants in comparison with the cohort. As explained in Chapter 4 and in the conclusion of Chapter 6, care ordered children were selected for this intensive study. The reason for their selection was their vulnerability and as a result their situation threw light on additional important social work practice issues and contact arrangements.

This chapter presents demographic details about the intensive study's participants. The following variables: children's heritage, age, gender and learning difficulty/disability (if any) were studied. Data about children's experiences of previous care episodes and length in current placement, family



of origin and reasons of entry into care were also collected. Age of carers and type of care offered were also studied. Information about contact, namely its frequency, mode of contact, supervision and venue are also found within this chapter. Throughout the chapter, comparisons between the relevant intensive study's findings and survey study's results (see Chapter 5) are put forward. This chapter also discusses the findings in relation to other chapters, namely Chapters 2 and 3.

### **Children in the Intensive Study**

All children participating in the study were Maltese, born in the Maltese Islands and were legally under a care order. The total of 16 males and 7 females participated in the study. Their age ranged from seven to 18 years with a mean age of 9.3 years ( $SD = 3.295$ ). Broadly speaking the children, in the intensive study were representative of children in the survey study, i.e. the cohort of fostered children and reflected most of the trends.

For example, children's age in this study was relatively similar to the age of the cohort study, which stood at 8.7 years. Furthermore, the proportion of boys to girls represented in the study is fairly similar to the cohort, where more males than females make up the cohort of children in foster care. Out of the total 23 children, 5 had a learning difficulty and were mostly supported at school through the service of a learning support assistant. Yet again, this is a similar

trend found also in the cohort of children, where over 20% of children had some sort of learning difficulty/disability.

Main Carer’s Profile

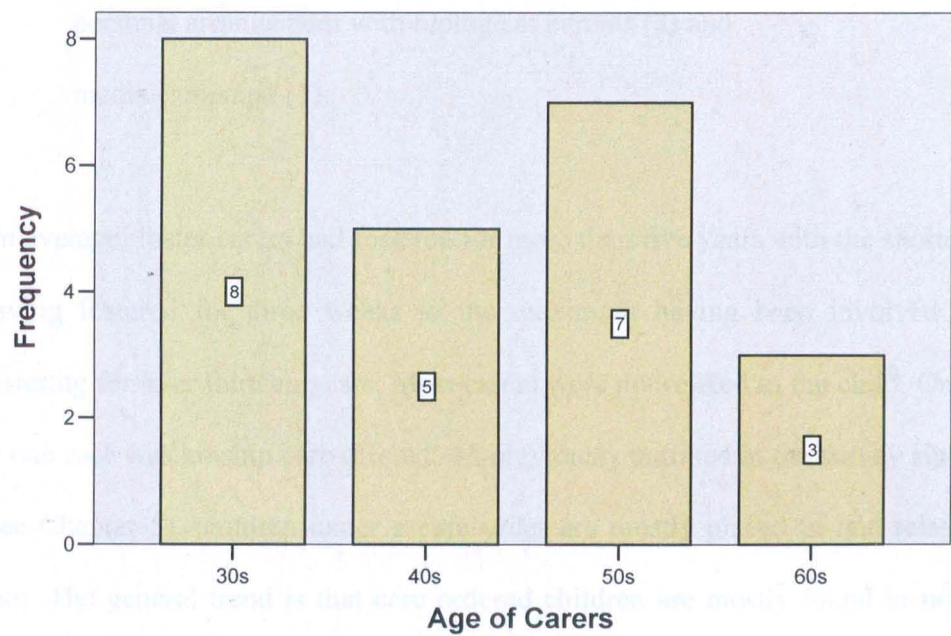


Figure 7.1: Frequency of Carers by Age of Main Carer

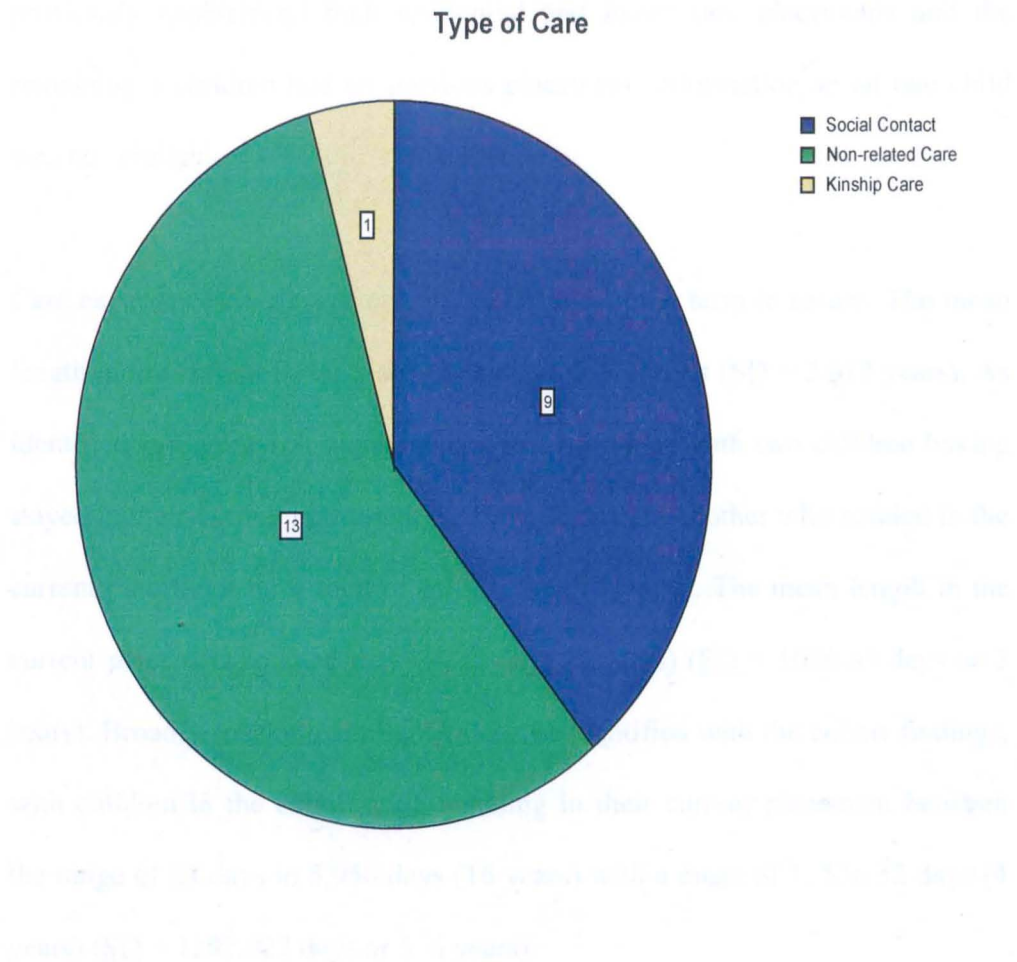
The majority of main carers were in their thirties, highlighting the result that a number of carers were still young (see Figure 7.1). The mean age of carers was 46.5 (SD = 10.965 years). All foster carers underwent the approved foster training programme and were involved in fostering for the following reasons:

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

- adoption expenses prohibitive so opted for fostering (7);
- through voluntary work, they met child and occasionally brought child to their homes ( 5);
- referred by a friend, family member and social worker to fostering services (4);
- respite care to biological parents (2);
- personal arrangement with biological parents (2) and
- media campaign (1).

On average, foster carers had fostered for more than five years with the shortest having fostered for three weeks to the maximum having been involved in fostering for over thirteen years. Most carers were not related to the child. Only in one case was kinship care offered. As previously outlined in the survey study (see Chapter 5), children under a care order are mostly placed in non-related care. The general trend is that care ordered children are mostly found in non-related care, followed by social contact placements and finally kinship care. Similar results are found in the intensive study (see Figure 7.2).

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta



*Figure 7.2: Frequency of Children by Type of Care*

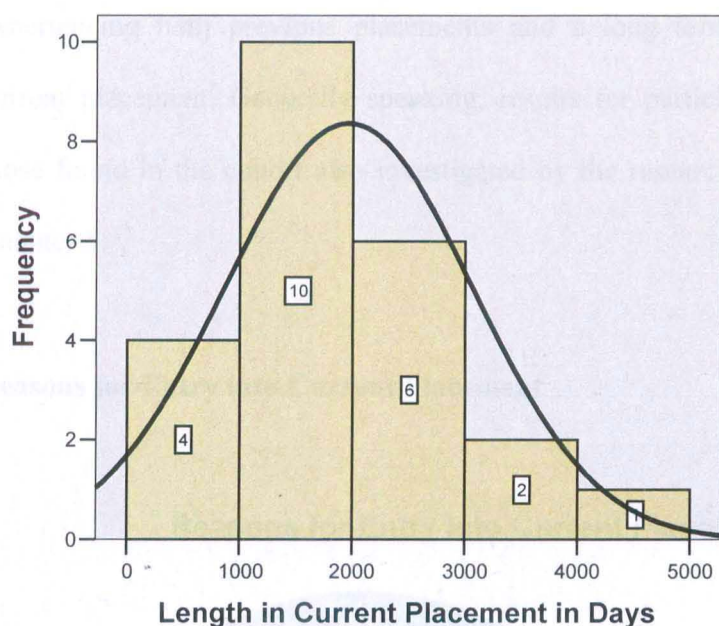
### **Previous Placements and Length of Time**

The majority of child participants experienced previous placements. Nineteen children previously resided in other placements, a general trend also found in the cohort of children residing in foster care and under a care order. Out of the 41 children who were under a care order in the survey study, 36 (87.8%) had experienced other placements. In the intensive study, out of the 23 children

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

participating, a total of 16 had resided previously in a residential placement, 3 previously experienced both residential and foster care placements and the remaining 3 children had no previous placement. Information about one child was not available.

Care experiences in the current placement were long term in nature. The mean length in the current foster placement stood at 5.4 years ( $SD = 3.012$  years). As identified in Figure 7.3, there was a wide dispersion with two children having stayed in their current placement for only 22 days to another who resided in the current placement for a total of 4,732 days (13 years). The mean length in the current placement totalled to 1964.35 days (5 years) ( $SD = 1096.63$  days or 3 years). Broadly speaking similarities can be identified with the cohort findings, with children in the cohort study residing in their current placement between the range of 23 days to 5,950 days (16 years) with a mean of 1,536.32 days (4 years) ( $SD = 1292.927$  days or 3 ½ years).



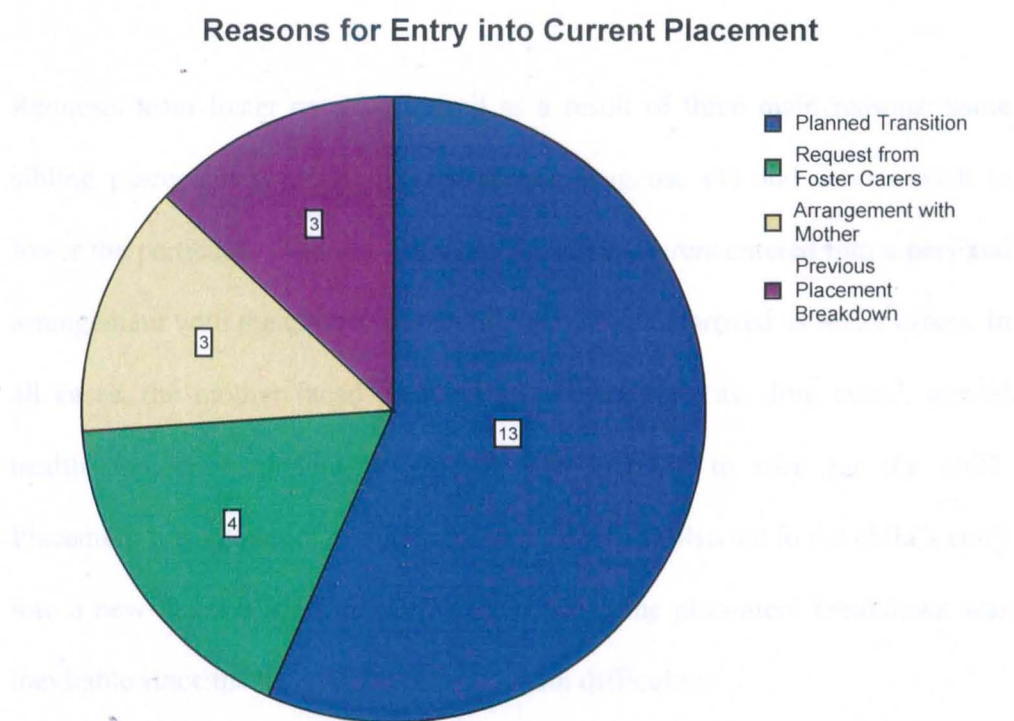
*Figure 7.3: Frequency of Children by Number of Days in Current Placement*

Age of children at point of entry into their current placement was also investigated. Entry into the current placement was a late experience, with children coming into the current foster placement at a mean age of 5.96 years ( $SD = 3.29$ ). Though a difference can be identified between the cohort of the survey study whereby children were admitted to their current foster placement at a mean age of 4.78 ( $SD = 4.11$ ), the trend is however the same, reflecting a later admission in both studies.



These results highlighted the state of affairs for participating children, namely that entry into the current placement was a later admission, with children experiencing both previous placements and a long term experience in the current placement. Generally speaking, results for participants are similar to those found in the cohort also investigated by the researcher and presented in Chapter 5.

### Reasons for Entry into Current Placement



*Figure 7.4: Frequency of Children by Reasons for Entry into Current Placement*

Figure 7.4 shows that 13 children had gone into their current foster placement due to a planned transition. Planned transition often resulted after the preparation of foster carers and the matching of children with carers by the social work fostering team. The transition to placement occurred gradually and often occurred on the basis of a care plan. Other reasons for entry into the current placement were:

- a) request from foster carers (4),
- b) arrangement with mother (3) and
- c) previous placement breakdown (3).

Requests from foster carers occurred as a result of three main reasons: same sibling placement (1), biological mother's drug use (1) and carer's wish to foster the particular child (2). On three occasions, carers entered into a personal arrangement with the child's mother and were later approved as foster carers. In all cases, the mother faced personal adversities such as: drug abuse, mental health and imprisonment, leading to her inability to care for the child. Placement breakdown of previous foster placements also led to the child's entry into a new foster placement. On two occasions the placement breakdown was inevitable since the carer faced mental health difficulties.

The intensive study did not investigate the children's original reasons for entry into care. In most cases, children had already experienced previous placements

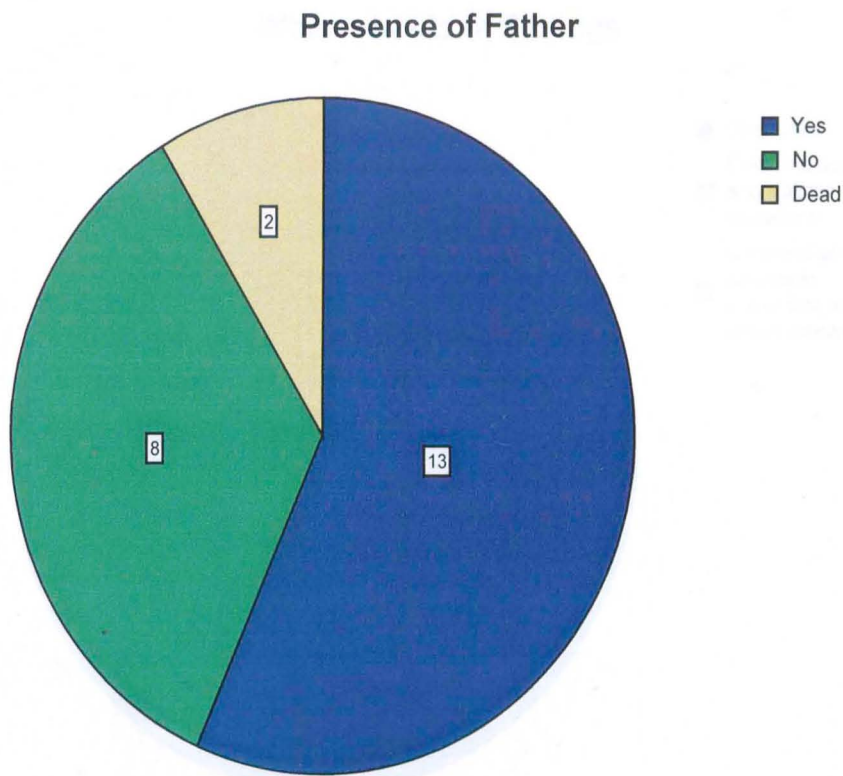


## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

and carer's information was restricted only to reasons for entry into the current placement.

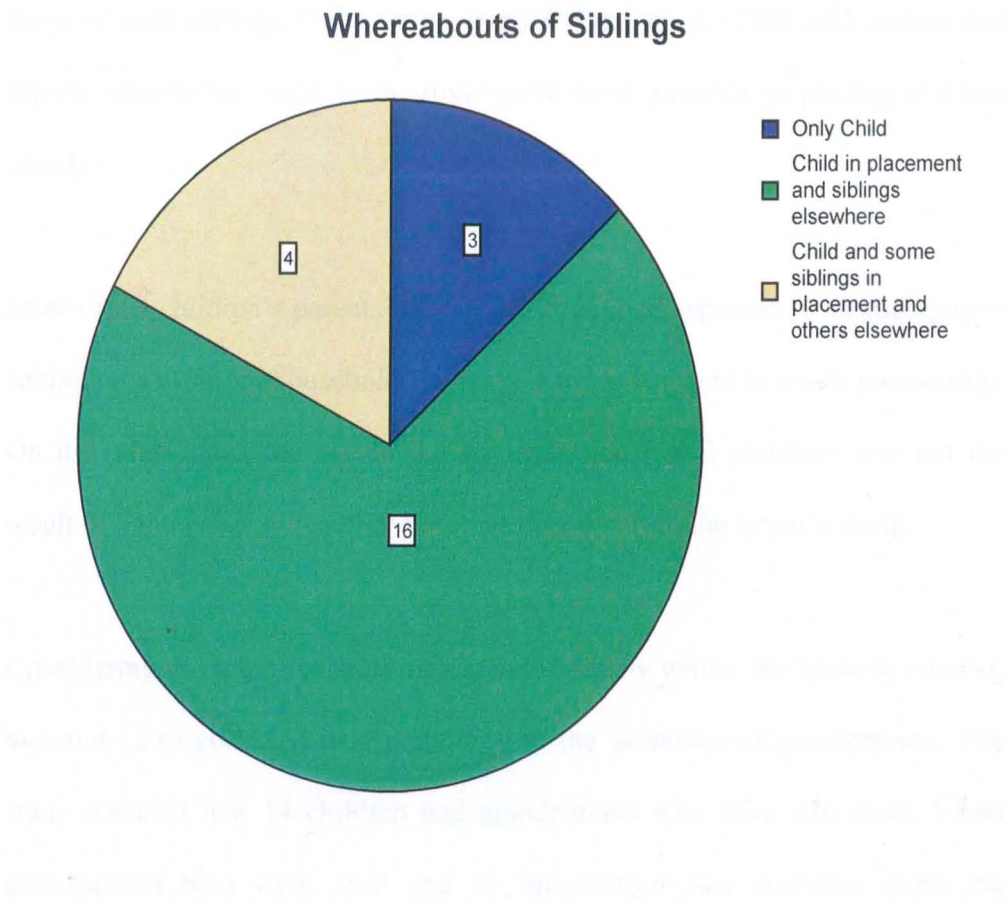
### **Children's Family of Origin**

All the children had in existence some or a number of family members. In fact, all 23 children had their birth mother alive. Figure 7.5 shows a different picture with regards to the father. The fathers of two children were dead, 13 children had their father alive and the remaining 8 did not know their father. Limited information was available about the father in these eight cases, leaving these children in a state of limbo about their father's identity and possible existence.



*Figure 7.5: Frequency of Children by Presence of Father*

Out of the twenty three children, a total of 20 children had siblings and the remaining 3 were lone children. Figure 7.6 shows the whereabouts of children and their siblings. Four children were in their placements with one sibling but also had other siblings living elsewhere. Sixteen lived in one placement whilst siblings were placed elsewhere.



*Figure 7.6: Frequency of Children by Whereabouts of Siblings*

The results highlighted the experience of separation from siblings. The majority of participants were separated from their siblings with siblings living elsewhere, namely in residential care, fostering, living independently, with one of the parents, as well as adopted. Clearly, the social work practice of failing to place siblings together leaves much to be desired, with all the consequent adverse effects for children (Mullender, 1999). Similar results were identified within the

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

survey study (see Chapter 5), where only 27% of children were placed with some of their siblings. On the other hand Aldgate *et al.* (2008) did outline that efforts were being made to improve social work practice in placing children together.

Most of the children's parents' (for 21 children) had separated with each parent setting up a different household and some parents engaged in a new partnership. On the other hand, the reason for no separation (for 2 children) was not the result of parents living together but it was the result of the father's death.

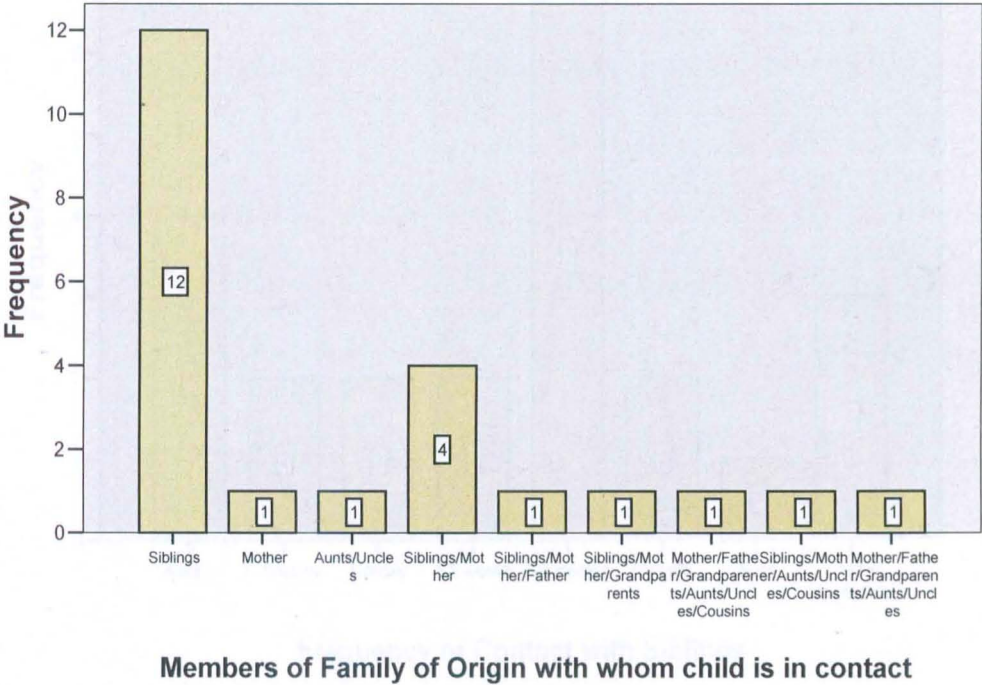
Considering the importance of the extended family within the Maltese context, the study also collected data pertaining to the existence of grandparents. The study revealed that 14 children had grandparents who were still alive, 5 had grandparents who were dead and no information was available about the remaining 4 children's grandparents.

### **Contact**

Findings about contact, its presence, frequency and mode are outlined in this section. In addition, this section also presents information about supervision during contact and contact venues.

*Presence of Contact*

All children participating in the study were in contact with their family of origin. Twelve children had only contact with siblings but in total 19 children were in contact with siblings. Contact with mother featured in 10 cases. Contact with father was available for only 3 children. Contact with the extended family was also present in few cases (see Figure 7.7).

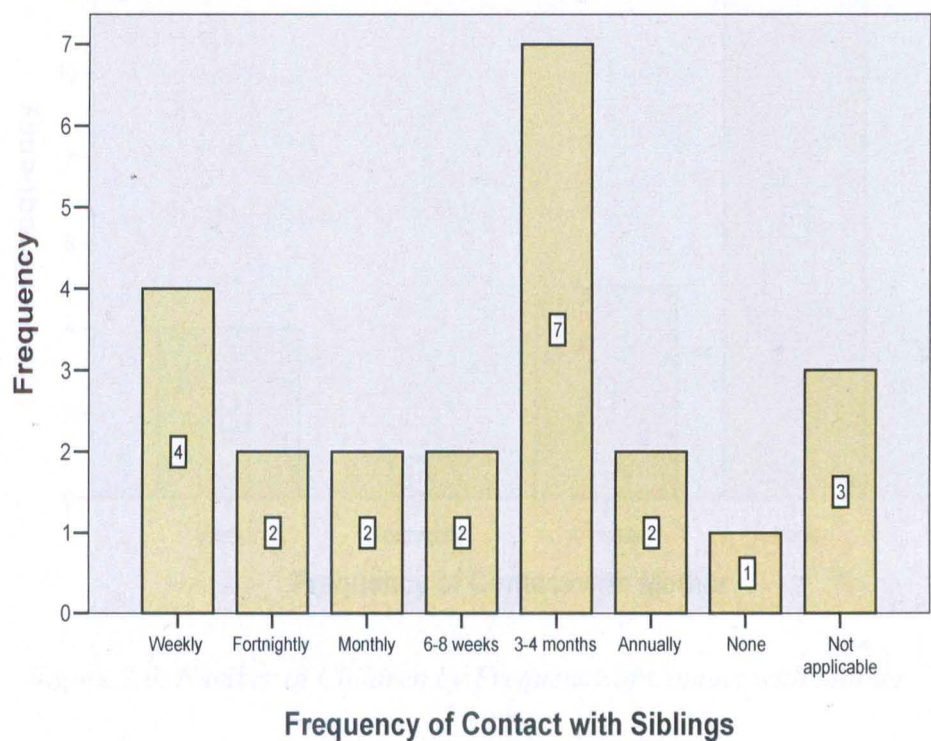


*Figure 7.7: Frequency of Children by Contact with Family Members*



Apart from studying whether the child was in contact with the family of origin or not, the study also delved into capturing information about the frequency of contact with the different family members.

*Frequency of Contact*



*Figure 7.8: Number of Children by Frequency of Contact with Siblings*

Out of the 19 who were in contact with siblings, 7 had contact every 3-4 months followed by another 4 children where contact occurred on a weekly basis (see Figure 7.8). On the other hand, contact with mother was less present

(see Figure 7.9). Only 10 children had contact with their mother, half had contact on an annual basis (5) and another half at least fortnightly and four of these weekly. This left 13 children with no contact with mother at all.

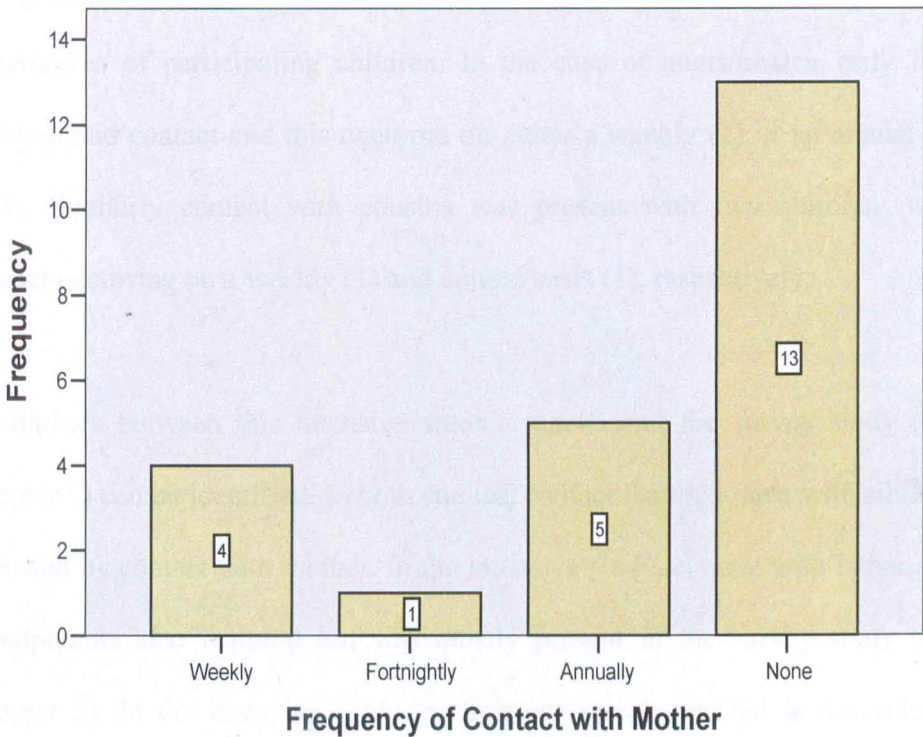


Figure 7.9: Number of Children by Frequency of Contact with Mother

Contact with the father was less present in participating children when compared with contact with the mother. Taking into account that a number of children did not know their father’s identity, it was understandable that a small percentage was in contact. The number was low with only 3 participating

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

children having contact with their fathers. In all cases when contact was present, it was on a weekly basis.

Contact with extended family was also studied. Contact with grandparents was present in 3 cases, 2 of which occurred on a weekly basis, whereas one child met grandparents annually. Aunts, uncles and cousins also featured in contact experiences of participating children. In the case of aunts/uncles, only four children had contact and this occurred on either a weekly (2) or an annual (2) basis. Similarly contact with cousins was present with two children; with contact occurring on a weekly (1) and annual basis (1), respectively.

Similarities between this intensive study's results and the survey study (see Chapter 5) can be identified. In both studies, contact featured most with siblings followed by contact with mother. In the intensive study, contact with father and grandparents also featured but was mostly present in the survey study (see Chapter 5). In the intensive study, participants mostly resided in non-related care whereas in the survey study, 40% of children resided in kinship care. Therefore, contact with the extended family was expected to be lower in this study but in the foster care survey it was expected to be higher.

### *Mode of Contact*

Apart from looking at the presence of contact and its frequency, the mode of how contact was established also featured in the study. Contact with siblings



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

was present for all children with the exception of those who were lone children. When contact was established, in all 19 cases it occurred on a face-to-face basis through meetings. Thirteen of these 19 had contact only through meetings. The remaining six experienced contact by means of different media namely: telephone, text messaging (sms), emails, chatting and postcards (see Figure 7.10).

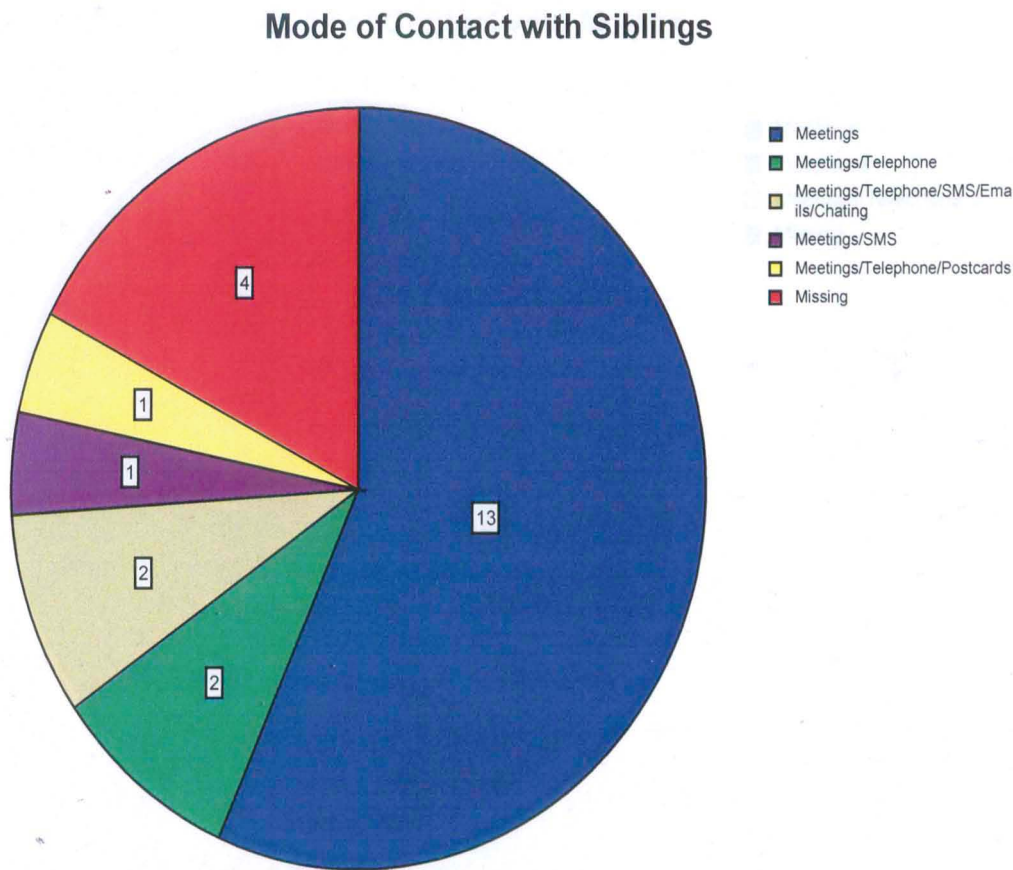


Figure 7.10: Frequency of Children by Mode of Contact with Siblings

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

In general, 8 participants established contact with their mother through meetings. Moreover, in only one case, the child was in contact with mother through telephone and in another case, the child had contact by means of both meetings and telephone conversations (see Figure 7.11). Similarly when contact with father was established, this occurred through meetings (2) and by means of both telephone and meetings (1).

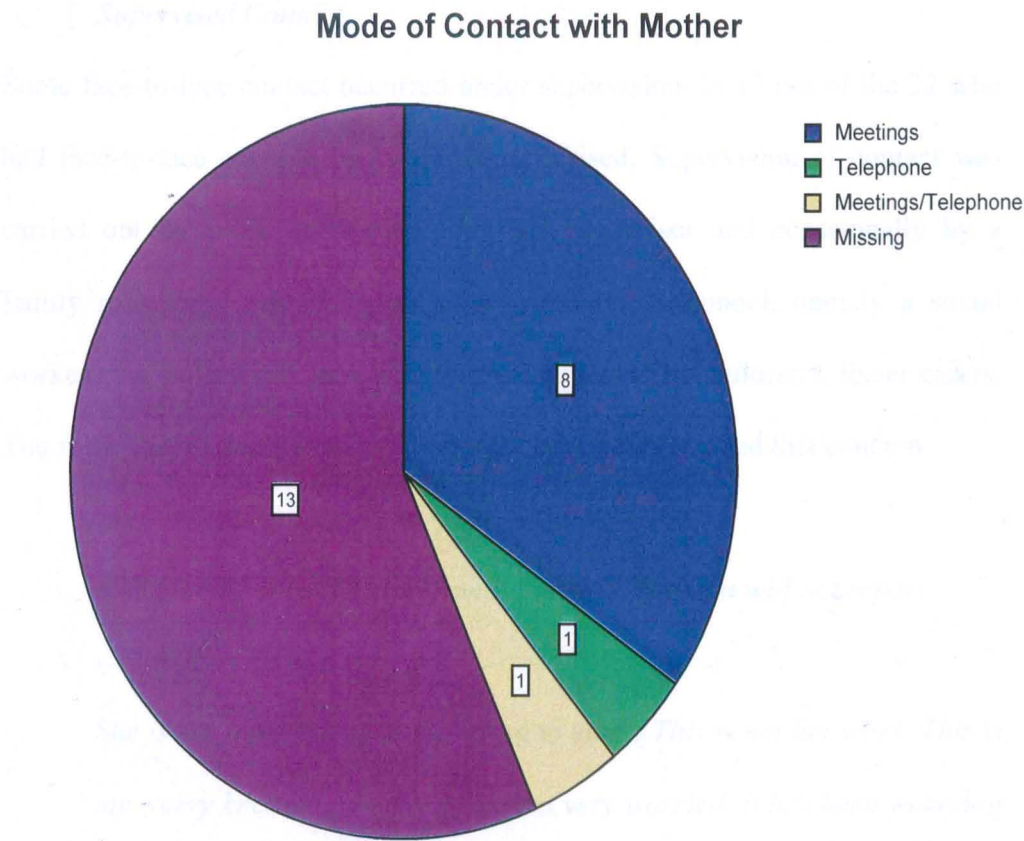


Figure 7.11: Frequency of Children by Mode of Contact with Mother

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Contact with the extended family also occurred mostly through meetings. The three children having contact with grandparents did so by means of meetings. Contact with aunts and uncles was through meetings (3) but also by means of a postcard (1) and contact with cousins was through meetings (2). The results highlighted meetings, that is, face-to-face contact as the main mode of contact for children participating in the study.

***Supervised Contact***

Some face-to-face contact occurred under supervision. In 12 out of the 22 who had face-to-face contact, contact was supervised. Supervision of contact was carried out by social worker or a trained supervisor and occasionally by a family member. Lack of supervision by trained personnel, namely a social worker or a supervisor, gave rise to great concerns by children's foster carers. The following extracts from foster carers' interviews showed this concern.

*If something is said by any family member, his aunt will not report*

*She is not a professional (referring to aunt). This is not her work. This is my worry because otherwise.... I am very worried. It has been worrying me since a decision was taken.....*

*Yes, because his brother is growing up and says certain words. ....*

*The fact that there isn't a social worker, may be if there had to be a*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*social worker he'll stop, may be he'll (brother) say there is a social worker around.*

### ***Venue of Contact***

Contact arrangements occurred in a variety of places. Four children were taken out by carers and social workers to meet their siblings in a child-friendly environment. Two children met their siblings at foster carers' homes, two in school, one in a sibling's foster placement and two in residential placement. Other contact arrangements with siblings occurred at social welfare premises (8).

In general contact with parents and other family members (excluding siblings) occurred at social welfare premises and to a lesser extent in family relatives' homes (2) and the foster carers' placement (1).

### **Salient Points**

- Children mean age was 9.3 years. All children were Maltese and more males than females participated in the study.
- Some children also had learning difficulties.
- All but one child was in non-related type of care.
- The average age of carers was 46.5 years.
- Most children had previous placements.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

- Entry into current placement was generally a late experience for the child (mean age almost six) and experience in current placement was long term in nature.
- The majority of children went into current foster placement through a planned transition.
- All children had their birth mother alive and a third of the children did not know the identity of their father.
- Most participants were separated from their siblings, with siblings living elsewhere.
- Contact occurred most frequently with siblings, followed by contact with mother.
- Meetings were the main mode of contact with the family of origin. Though other media such as telephone, emails, chatting, text messaging and postcards also featured mainly in contact with siblings.
- Supervision occurred in more than half of the cases, though a good number had unsupervised contact.
- Concerns about who supervises contact were also present.
- Venues of contact varied.

### **Discussion of Findings**

This section presents a discussion about the demographics of participants, children's care career experiences, family situation, contact and its arrangements. Findings are discussed in relation to other research (see Chapter

2), the survey study's findings (see Chapter 5 and 6) but also in view of the developments of foster care (see Chapter 3). The reader will be cross referred to the other chapters.

### *Demographics*

Similar trends are identified between children participating in the intensive study and the cohort of children represented in the survey of social work case files (see Chapter 5 and 6). Similarly, more males than females are represented in the intensive study. This is somehow expected since more males than females are in foster care. Mean age and the percentage of children who have a learning difficulty/ disability are also similar between this study's participants and the cohort. Moreover, apart from the similarities between the cohort and intensive study's child participants, the relative high percentage of children with a learning difficulty points to the difficulties that are possibly experienced by children in school.

In a nutshell the similarities identified between this study's participants and the survey study's cohort throw light on the care adopted in the selection of the intensive study sample. Moreover, despite the attrition of potential participants from the sample, the final participants' demographics show that representativeness to the cohort was still maintained.

Finally, the main carer's profile suggests fostering is being provided by carers who are an appropriate age to care for the children. Children are being cared for by relatively young, mostly non-related and experienced carers. This is different from kinship care. Kinship carers are often older than non-related carers. They experience different difficulties in supporting children in their needs. For example, finance is one of the issues (see Aldgate & McIntosh, 2006; Owusu-Bempah, 2010).

As identified in this study, non-related carers are trained. However, training is something which both non-related and kinship carers receive. In the Maltese Islands, training of kinship carers has progressed well (see Chapter 3). Kinship carers have also received training when they made their foster care arrangements official. This mostly occurred as a result of the Child in Care Benefit.

### ***Care Career***

Like the survey study's cohort, child participants in this intensive study experienced previous placements and entry into the current foster placement was generally when children were older (mean age almost six). Previous placements were experienced mostly in residential services and to a lesser extent in foster care. This is a matter of concern. As already discussed in Chapter 6, the experience of other placements is often thought as negatively influencing the child's wellbeing. Permanence planning as advocated by

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Thoburn *et al.* (2000) is a necessary pre-requisite for the child's wellbeing. Yet again the concern is about the effect of moving from one placement to another and children's experience in residential care.

Though, as explained in Chapter 3, there is a political will to have children placed directly in foster care rather than residential care, however, the participants of this study are at a disadvantage since their care career is now established. The lack of permanency in their care career will take its toll. Different professional interventions will be needed to support these children in school, in their attachment development and the appropriate expression of emotions and behaviours amongst others (see Cairns, 2002).

In spite of previous moves, reassuringly, the experience in the current foster placement appeared to be long term. Permanent fostering similar to adoption has been the experience of the child respondents in this intensive study (see Thoburn, 1991). This issue has already been raised in previous chapters (see Chapters 3 and 6). In Malta long term care is the norm and other types of placement have yet to be developed.

On one hand this is an encouraging result, since it points to permanency planning ultimately being achieved for children. On the other hand, the question which arises is whether there is no other option for children except staying in this placement. Their return to the family of origin seems to be bleak.



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

As shown by the findings, most children moved as a result of a planned transition. This was encouraging. Nonetheless others moved for other reasons. This was particularly so in private arrangements. Private arrangements were entered into between carers and birth parents or carers and residential homes. This is a serious concern. As seen in Chapter 3, despite some private arrangements between residential homes and social contact carers being curbed, there is still a lacuna when it comes to private arrangements between birth parents and stranger/kinship carers. Though the Child in Care Benefit application exposed these arrangements, nonetheless the impact on children, moving from one place to other, still remains. Such arrangements need addressing.

***Family of Origin, Contact and Its Arrangements***

Though most of the children had their parents and grandparents alive, it is of great concern to identify that a number of children had no knowledge about their fathers. They were in a state of limbo about his possible existence. Owusu-Bempah (2006) discusses that 'knowledge of a socio-genealogical link in itself may contribute to a person's psychological wellbeing without there ever being face to face contact' (p.45). In this case, apart from not having face-to-face contact, these children also did not know their father and so in line with Owusu-Bempah's thesis, children's sense of 'belonging and their identity is likely to have been affected. This lack of knowledge can affect the person's coping with 'the vicissitudes of life' (Owusu-Bempah, 2006, p.34).

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

In addition to the lack of knowledge about one's father, few participants resided in the same placement with siblings. Though improvements in social work practice have been identified (Aldgate *et al.* 2008) until this present day, this leaves much to be desired. Yet again such a finding emulates the results of the survey of children and other studies such as Sinclair *et al.* (2000). Discussion about this issue has been presented in Chapter 6. The concerns remain the same (see Chapter 6, Section: Siblings and Other Children in Placements, p.221). Time and investment in fostering are needed for this practice to improve.

Similar to the cohort of children, children in the intensive study were mostly in contact with their siblings, followed by contact with the mother. Therefore, despite their long term experience in care, children in the intensive study did not lose contact with their family of origin. This research finding is consistent with the cohort's results but varies from the findings of Millham and his colleagues (1986). Millham *et al.* (1986) report that a long term experience in care leads to a loss of contact with the birth family. Differences are also identified between this study and the following studies: Sinclair *et al.* (2000), Cleaver (2000) and Farmer *et al.* (2004). In these three studies, contact was mostly with the mother followed by contact with siblings. In this study contact is more prevalent with siblings followed by contact with mother. This can in part be accounted for by the different Maltese cultural context.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Moreover, in the survey study (see Chapter 6, Section: Contact Arrangements, p. 217) emphasis was placed on capturing an understanding of why contact with the father declined. To a certain extent, the intensive study provides an answer. The question is how can children experience more contact with their father when possibly a good number of them do not know about his possible existence? Thus, social work interventions have to address the discovery of the identity of children's father.

Contact is a physical endeavour occurring mostly through face-to-face meetings. In spite of the new technologies such as text messaging, internet chatting and emails are becoming a mode of contact between children and the family of origin. Nonetheless, the preferred mode or rather the mode opted for most is still face-to-face contact. Similarly, other studies showed the preference for face-to-face contact (Schofield *et al.* 2000; Cleaver, 2000; Sinclair *et al.* 2000; Farmer *et al.* 2004).

Since contact occurs mostly on the basis of face-to-face meetings, supervision during contact and venues of contact are two relevant characteristics. As pointed out in Chapter 5, the findings of the survey study showed that children under a care order usually received supervised contact. Similarly in the intensive study in most cases, child participants experienced supervised contact. This is also very much in line with UK research. In fact in other studies, when children were seen as mostly likely to be at risk, supervised contact occurred

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

(Cleaver, 2000; Schofield *et al.* 2000). The fact that a care order is issued already signifies that children are assessed to be at risk and thus supervision during contact is expected.

Notwithstanding the supervised contact pattern, a good number of child participants also attended contact meetings without supervision. This rang an alarm bell with foster carers. Furthermore, supervision carried out by family members was also frowned upon by carers. Carers stressed the importance of supervision carried out by social workers. This mirrored Triseliotis *et al.* (2000) study. In the latter study, foster carers reported that social workers' role was to supervise contact.

Whilst in the literature (see Chapter 2) and the survey study (see Chapter 5), supervision and venue of contact were linked, in the intensive study, venue of contact was also influenced by the person the child was in contact with. In the case of siblings, venue of contact varied. Though contact occurred in social welfare premises, other environments were opted for namely: child friendly environments, school, siblings' placement and own placement. However, contact with parents mostly occurred within social welfare premises. The venues most commonly used were the same as those chosen in the UK and as identified by other studies (see Cleaver, 2000; Triseliotis *et al.* 2000 and Schofield *et al.* 2000).

## **Conclusion**

This chapter was an introduction to the intensive study of contact arrangements of fostered children in Malta. It provided an overview of the child participants of the intensive study and their representativeness of children in the cohort study. This chapter also explored the key issue of this thesis, which is contact. As identified despite the long term experience in their current foster placement, children are still in contact with their birth family, particularly siblings. These results are consistent with the survey study's results, which similarly identified contact as prevalent with siblings.

In the subsequent chapter, the focus will be foster carers' views about contact. As explained in Chapter 1 and Chapter 4, though the focus is on child participants, foster carer's views are also studied. It is believed that their views are another source of information about this important social and psychological phenomenon effecting fostered children's lives. As Waterhouse (1999) reported, foster carer's views should not be ignored as they are 'powerful' when contact between children and their family of origin takes place or is being considered.

## **CHAPTER 8**

### **UNDERSTANDING CONTACT: FOSTER CARERS' VIEWPOINTS**

## **Introduction**

This chapter aims to answer research question 3 (see Chapter 1, p.7 or Chapter 4, p.89) i.e. what are foster carers' views of contact experiences? As explained foster carers' views are considered important in the study of contact arrangements (Waterhouse, 1999). It is believed that their attitudes influence contact arrangements (Holman, 1980). Previous research has suggested that, when foster carers did not agree with contact, children expressed negative emotions and felt trapped (McAuley, 1996; Schofield *et al.* 2000).

Negative attitudes held by foster carers have been identified amongst the main challenges to contact (see Millham *et al.* 1986; McAuley, 1996; Mapp & Steinberg, 2007). Thus their study is significantly important in the research on contact arrangements. It is the researcher's belief that foster carers are amongst the main actors facing the challenges on a day-to-day basis when contact related issues arise. In this intensive study, 21 carers reported their views about contact and discussed the benefits and their concerns when contact between fostered children and the family of origin occurred.

Foster carers' views were elicited and subjected to a thematic analysis (see Chapter 4 Section: Analysis of Data, p.121). This chapter presents different themes reported by foster carers about the subject matter of contact between children and the family of origin. Emotions were present when contact experiences were discussed by foster carers. Despite the difficulties and

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

apprehension about contact, carers believed in children maintaining contact. Some carers even went to great lengths in supporting children to establish contact with their family of origin. This chapter also explores how managing contact is mitigated through the support of social work intervention. In conclusion, this chapter draws on to the literature and findings of this thesis and discusses foster carers' views of contact.

### **Establishing Contact with the Family of Origin**

The role of foster carers in keeping and establishing contact with the family of origin was one of the areas explored in the study. Interestingly, out of the 21 carers responding, 17 carers reported that children's contact with their family of origin took place from the beginning of the fostering placement. Foster carers stressed that contact was something occurring from the early stages of the placement. Emphasising the importance of how she saw contact as an experience that the child was not neglected, and an experience kept on an ongoing basis throughout the placement and from the very early stages, one carer vehemently emphasised:

*Contact always, contact was always.*

The study also identified the role of foster carers as contact advocates. Four carers reported that, at the time of placement with them, contact between



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

children and family of origin had lapsed and contact came at a later stage, led by advocacy by the carers for the re-establishment of family contact:

*In fact, before she came with us, they hadn't met for quite some time. It was rare. We struggled so that they (siblings) could start meeting once again. During training we were informed how important it was. Then it kicked off again.*

Training was singled out by carers as the main source sensitising them to the importance of contact with the family of origin.

### **Importance of Contact**

Nearly all carers (20) identified contact as an important means for children to maintain links with their family. One carer represents well the foster carers' views about the importance of children's contact with their family and talking of a thirteen year old adolescent noted:

*He is always happy to see his family. I believe in having contact with your roots. He doesn't talk much but I believe he should have this contact. May be in the future, you never know what can happen and he always has his family. Later on in his life he may have more contact.*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

The study also identified that contact with siblings was singled out by foster carers as important and positive. Foster carers reported that, through contact with siblings, children had fewer questions about their family. Often siblings had shared similar experiences and were bonded together. Foster carers also considered the future and believed that when children grew up, they would eventually seek their siblings for support. As one carer put it well about her sixteen year old adolescent:

*He (brother) is the only family member she has as her own blood. We have always encouraged her because we always thought that may be in the future they would want to find each other..... we do not have our own children. She is the only child though we have our siblings' children who she calls cousins but she feels that with him (brother), there is something, a bond and he also feels it. When he comes they hug each other. The way he hugs her and she hugs him....*

Whilst contact with siblings generated a positive aura and foster carers encouraged such contact, fewer foster carers favoured contact with parents. If contact with parents was encouraged, it was mainly with the mother. But contact with parents gave rise to a lot of apprehension:

*It depends with whom. She never had any contact with her parents. If it is with her brother, I think it does well to her.*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*It affects him and he starts saying why they haven't (parents) kept me? The fact they haven't kept him is something huge for him. Every Saturday and Sunday he is always very nervous and he easily insults you because he is tensed. What is discussed during his visits, we do not know.*

*Before she (mother) used to insult us and fight. To the other foster carer she went in front her house and made a scene. She even scratched her car.*

In certain instances, when contact with parents was encouraged, it was encouraged for the parents' reasons, with one carer explicitly reporting:

*Today I reason that after what has happened to us, it is better that every so often she sees her mother so she (mother) keeps quiet. However, the social workers don't see it that way.*

Such reasoning was definitely not child-centred. The carer's main concern was to keep the mother under control, disregarding completely the impact on the foster child's emotional wellbeing.

### **Appraising Contact**

Contact was appraised by foster carers as yielding both positive and negative outcomes. Contact was seen as giving rise to anxiety, which was both positive and negative. Positive anxiety occurred when contact with siblings was present. Alternatively negative anxiety mostly emerged when parents were involved. Frequency of contact was also evaluated by foster carers.

### ***Hazards of Contact***

Though contact was identified by foster carers as necessary in keeping a link with the family of origin, some carers also stressed that there were instances when contact also yielded undesirable results for children. Once again, a distinction was made between contact with parents and with siblings. Foster carers identified contact with siblings as relatively problem free whilst contact with parents and extended family was negatively appraised.

Two carers reported about their two nine year old boys as feeling 'terrorised' by their parents; another carer explained that she saw her thirteen year old child as 'trapped between two worlds'. The issue of a conflict of loyalty towards foster carers and parents also seemed to affect the child's school performance:

*Yes the father used to come every Sunday and wait outside our door.*

*The child used to feel terrorised.*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*He is trapped between us. He does not want to hurt us nor does he want to hurt them (his parents). ..... The boy isn't doing well at school. He does his best but there is a lot going on in here (pointing to the head).*

Foster carers also reported the issue of split loyalty made it difficult for children to relate to their biological parents and then return to their foster placement and try to act normally. Foster carers were concerned when contact negatively affected children. For example, two foster carers reported that during contact visits, the biological mother interacted with one of the siblings and ignored the others. A similar issue was also addressed with the child's social worker, with one carer noting that the biological mother of her seven year old was:

*..... mostly attached to the eldest. So when her eldest is sick she does not show up and he (foster child) asks me: 'Why hasn't she shown up today?'*

Another carer was very emotional when she explained how all the hard work went down the drain when the child, through her own freewill, established contact with her extended family:

*.....since she went on her own and met her aunts and uncles and they promised her a lot of nice things. It was a turning point in her life and since then she regressed overnight. .... For six years she progressed*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*and did really well and then all of a sudden she changed overnight and we had to take drastic measures.*

Though contact with siblings was perceived as problem free, three foster carers also reported that older siblings modelled negative behaviour and at times siblings referred to family situations, which children in their placement were reluctant to hear about. A carer reported about her nine year old boy:

*And when they (siblings) mention their parents, he does not want to listen..... because his siblings know certain things and he does not want to know about them.*

Child interrupts interview and says: I do not want to know.

### ***Impact on Children's Behaviour***

Foster carers were asked about their observations of children's behaviour before and after contact visits. A recurrent theme emerging from interviews was anxiety before contact. Foster carers drew a distinction between positive anxiety and negative anxiety, which was reflected with meeting siblings and encountering parents, respectively:

*He is a bit excited..... yes he has butterflies in the stomach (referring to contact with siblings).*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*It has negatively affected her. Before she used to grumble 'I do not want to go and meet her' but now if you do not mention her (her mother), it is even better.*

The foster carer's strategy was not to mention the mother so the eight year old child did not go through negative anxiety. This seemed to work well for the child.

With regard to appraising children's behaviour during contact, foster carers relied on second hand information provided to them by the children. Foster carers' observations of children's behaviour after contact tallied with children's reports of contact experiences during meetings. Contact with siblings often elicited positive comments with foster carers reporting enjoyable experiences:

*I believe they feel for each other. She switches, when she is with her siblings. She enjoys herself and jokes and when she is with us, she returns to her normal routine.*

*The three of them meet and he enjoys it.*

*She really enjoys herself because she tells us that she stayed playing with her siblings.*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Only two carers reported that children were upset by their siblings. These were minor instances and were related to the age gap between siblings and when siblings reported situations related to the family of origin. Whilst contact with siblings fuelled enjoyable experiences, foster carers held a different view about contact with parents. Foster carers were preoccupied and noted about their nine year old and thirteen year old children the following:

*He is not always happy. I ask him: 'Did you have fun?' and he answers: 'Not really'.*

*He does not want (contact) with his mother. (Before contact) He used to be very nervous.*

*He knows that certain words when he is around his mother (must not be said)..... he mustn't refer to me as mum and he must call her mum. He knows his mother won't like it.*

One foster carer also reported that contact with the extended family had not yielded desirable results. One sixteen year old took the initiative in seeking out her extended family with no preparation. This led to raising high hopes, which were instantly dashed following her meetings with the family of origin. The foster carer stressed that:



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*It was a turning point in her life and since then she regressed overnight.*

***Frequency of Contact Visits***

Thirteen foster carers positively evaluated the number of contact sessions children had with their family of origin and voiced their satisfaction. These foster carers could be distinguished by their child centred approaches. Child centred approaches were visible when two carers noted that:

*For me it is just fine but what matters is what he (child) wants. I am ready to take him. Now he has to let us know whether he wants to increase or not. If he tells us that is what he wants, with all my heart I'll try to see to these arrangements.*

*Listen, I always say what she (child) wants and she feels comfortable with. I always go along with the child's wishes. I will not force her. If the child decides that she wants to see more of them or expresses her wish that she is with her family members, I am ready to help her. However, it is always what is best for the child. We are ready to help her in this.*

Three carers reported that they would like their children to have more contact. Carers were concerned that the children were not seeing enough of their siblings, as one carer noted:

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*I would like to see them (siblings) having more contact, much more. The problem is that we have a hectic life; all (siblings) are involved in activities. If they had to meet more that is more important to me and see how they interact together and express love to each other.*

Despite the various positive comments put forward by foster carers, concerns also emerged with two carers worried not about the amount of contact but rather with the quality of contact. During contact visits, one seven year old child spent more time with the supervisor than with the mother and the other nine year old child did not integrate well with siblings:

*I do not know what to say, though he (the child) has contact once a week, his contact is supervised. There is more contact with the supervisor than with who (mother) he should have contact with.*

*At times I see other children (siblings) not loving him as their brother. Then I say may be because they (siblings) have been brought up together..... They play with their younger brother but not with him. I feel for him because they do not play much with him. They group together.*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Whilst some foster carers wanted an increase in contact sessions, others were reluctant. Two carers explicitly reported that contact visits should be decreased as contact was not necessarily yielding desirable results:

*I see him as having too much pressure for his age. We would like to see Gilbert better developed and that he does not see his relatives and parents so often.*

*And there were certain instances when his mother did not do well by him....*

### **Managing Contact**

Foster carers reported that they were involved in decisions about contact arrangements. Professionals were sensitive to carers' and children's needs when it came to contact arrangements. When contact difficulties arose, foster carers managed these situations. However, social work support was available during these difficult situations.

### ***Involvement of Children and Carers***

Involvement of stakeholders, including hearing children's voices when it comes to decisions about them, is a fundamental principle within the UN Convention on the Rights of the Child (1989), ratified by the Maltese government in 1990. To this effect, improvement in social work practices was mentioned by foster

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

carers, with one carer reporting that when her foster child was younger, social workers and the Board used to decide for him. In time, this practice changed with the same foster carer claiming that when it came to contact arrangements, children's voices were now being heard.

Eighteen foster carers stressed that when contact arrangements were considered by social work professionals including the Children and Young Persons Advisory Board, children were consulted. For example, the foster carers reported the following about a seven, a ten and a fourteen year old:

*.... because when we go in front of the Board, they ask our child what are her wishes.*

*On various occasions, the social workers ask them and even the Board.*

Only three carers believed that children were not involved, and reported that it was the Children and Young Persons Advisory Board which decided. One foster carer completely ruled out social workers from the picture when it came to taking decisions about contact:

*I believe the Board has control, not even the social worker.*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Foster carers were generally consulted about contact arrangements. Seventeen carers positively answered that they were involved in contact arrangements:

*Yes, I mean there is a lot of cooperation between us and APPOGG (social workers).*

*They (social workers) ask you whether you have any objections.*

*Yes, we are involved.*

Only four carers believed that they did not have a say in the matter:

*She used to blame me (mother) and I do not have a say in it. This is coming from APPOGG (social workers).*

*We do as we are told; we cannot involve ourselves in it.*

Foster carers were also asked who makes the final decision about contact. Twelve of the carers reported that final decision making resulted through a collaborative endeavour between social workers, the Children and Young Persons Advisory Board, children and foster carers. Three foster carers saw decision taking as completely within the hands of the Children and Young Persons Advisory Board and six as being made by social workers:

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*I believe control is within the Board and not the social worker.*

*.... because it is coming from the side of APPOGG (social welfare agency employing social workers).*

***Impact on Daily Routine***

Foster carers were also asked about their views on issues related to the impact of contact on daily routine. Carers noted that a working collaboration was fostered with social workers to find a suitable time for all. Positive comments were made by foster carers about how social workers managed to find a suitable time to fit in with both the children and carers' routine, avoiding disruptions:

*Yes it is good. In, fact when they (social workers) asked me whether it would be Tuesdays, I said yes. It was definitely good from my part. It is good and I have nothing to complain about.*

Foster carers were also given the free hand to choose the day to establish contact. One carer related that:

*I find the day when the child has nothing to do.*

Another carer noted that they found a suitable time that did not disrupt the child:

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*We tried to do it during a time when she has nothing else to do, she doesn't have catechism. No it does not disrupt her.*

Another carer reported how the nine year old child was also involved in deciding about the logistics of when to have contact:

*In fact, that is why we did it through the cooperation of APPOGG (social welfare entity) and we also asked our child and we did it when he wanted it. I think it is good for him because he had also been involved.*

Good practices in contact arrangements emerged from this study with both carers and children involved in finding a suitable time to meet. Only one carer noted that contact occurring at her house occasionally affected the child's daily routine but the carer also reported that the child's father usually cooperated:

*When he (father) stays long, we make him aware that the following day, the child has school and thus she needs to go to sleep early. However, then he also realises.*

### ***Experiences in Managing Contact***

Some foster carers (12) did report that contact arrangements were plain sailing with little effort required on their part to manage the experience of contact. On

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

the other hand, the remaining 9 carers identified contact not as a problem free endeavour. They believed they were responsible for managing the situation when contact related problems arose.

The main concerns presented by carers were:

- i) parents' outbursts;
- ii) calming the child after a difficult contact visit;
- iii) facilitating contact with family relatives and
- iv) logistical problems.

Foster carers felt challenged when there were outbursts by parents. Some carers felt terrorised or uneasy and reported:

*I am afraid that she'll (mother) erupt once again and I know from what I've passed through because never in my life have I taken antidepressants and I am afraid to stay alone at home. .... Look there, the first telephone number you see is of the police. Why do I have to always keep it there, at my eyes' level? .... We locked ourselves inside and we were terrorised. I stay away from her.*

*We have passed through a lot because of things that happened with one of the parents (father) and we tried a lot of things.....Yes the father used to come every Sunday and wait behind our door.*



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Foster carers also identified how children at times were disturbed from contact visits, with carers having to handle negative attitudes and trying to calm the child:

*The words he says are not respectful at all. I tell him these are not respectful words and tell him 'If I had to say these words to you?' He says he wouldn't like it. The anger, the anger he has bottled inside him.*

*They told her a lot of things and she believed everything and she turned against us and she started behaving really badly and stayed out late, ignoring our house rules. The social workers know everything. For six years, she was progressing really well and then she changed overnight and we had to take drastic measures.*

Others also reported how difficult it was to explain to the child certain issues concerning their family of origin and particularly when children expressed their wish to have contact with certain family members. Other foster carers were concerned about the child's indifference to the family members. A foster carer also reported that she tried to engage the mother to have quality contact with the child:

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*And then he started saying: When am I going to meet my mum? I tell him everything has to go slow. We have to go slow. Then he tells me: When I go to see her (mother) you have to come.*

*We tell her that her mother is not in a position to see her. We are careful that she does not feel there is some sort of rejection. We tell her that right now she cannot see her but she really feels it.*

*He does not want to know about her (mother) and she (mother) does not either.*

Other issues in managing contact visits were of a logistical nature, especially when more than one child was involved, with foster carers having to take the child to relatively distant places even in bad weather, lack of cooperation between carers to increase contact visits and finding a suitable place:

*It did not work out because the other two carers did not want to increase contact and so they weren't returning my calls.*

*To find an adequate place for these children where they feel comfortable and not everyone looking at them. The venue is a problem.*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*Support in Managing Contact*

Support in managing contact was also explored in this study. Foster carers reflected on two issues namely:

- i) training received to prepare them for contact experiences and
- ii) social work intervention to deal with situations emerging as a result of contact.

Most carers (14) reported that they received training. Training had sensitised them to issues related to contact experiences.

*Yes, we did the training. I remember it was a really beautiful experience. It was well organised. They made us aware of certain things, that often they do not cross your mind.*

Despite the relevant training received, the main concern of three carers was training could not possibly cover all contact related situations. Foster carers perceived contact experiences as complex:

*Let me tell you, during training they inform you but I believe that it is impossible to state all scenarios. It is like you have to face the situation. They prepared us well during the course but when we were faced with the real situation, I do not know which training course would have explained what we had to face.*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

The challenges foster carers faced as a result of contact experiences were explored by carers. The issue of support to face such challenges were reported by nineteen carers. All noted that they received the needed support:

*I always found support, help. Any time and we faced a lot of situations because of the other parent (father). They even gave us their (social workers) personal telephone number. I always found support and I do not have anything to complain about.*

*I found a lot of support from the social workers of APPOGG. They are people committed to their work.*

Foster carers appraised social workers as readily available in providing them with the necessary support, though one carer did report that support was not readily available during weekends. Another different type of concern was the issue of social worker turn over. New social workers often were unaware of certain contact issues and failed to provide the required support.

### **Making Contact a Better Experience**

Foster carers believed that there were ways by which the experience of contact could be improved. Broadly speaking, many foster carers had firm views on this issue, with only six carers having nothing to propose but the remaining fifteen all having something to say. Four carers reported that contact could be a

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

better experience if contact with family members was increased. Another foster carer also noted that attention to the timing of contact visits was necessary to avoid disruption in the child's education such as attendance to school or homework.

The remaining ten foster carers all saw the role of social workers as necessary in making contact a better experience. Two reported that contact could be better if social workers were available during weekends or after office hours when contact difficulties often arose. Other foster carers (2) noted that social workers were required to facilitate contact between children and parents, and social workers should use child friendly methods if they wanted to elicit information about contact.

Finally, six foster carers noted that social worker turnover was harmful, having a negative impact on trust and relationship building for children. They advocated for stability in social workers and reported:

*And Gilbert had three different social workers. He cannot just open up.*

*It is blocking him. I say if only the same social worker remains!*

*Currently he hasn't had a change. That (social work turnover) does affect him. There was a period when he used to have a change in social worker every so often..... He takes his time to (disclose)....*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*Yes he had a lot of changes, a lot. This does a lot of harm to the children. It also annoys me because you open up and you get used to her and then she comes and tells you she will not come any more. This is really bad.*

It is clear that foster carers believed that contact could be improved by an increase in social work interventions but also by stability in the social work service. They noted that having the same social worker following the child would help the child feel more at ease, and more likely to trust and confide difficulties often encountered during contact experiences. Such difficulties could then be mitigated by more social work input facilitating contact experiences.

### **Salient Points**

- Most children experienced contact from the very start of their foster placements.
- In cases where contact had lapsed, trained carers advocated on behalf of children to establish contact with the family of origin.
- Contact was important to maintaining family links.
- Contact with siblings was encouraged.
- Sibling contact was identified as relatively problem free.
- Contact visits with siblings yielded positive behaviour, before, during and after visits.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

- Contact with parents was more often than not negatively appraised.
- Extended family contact was not positively appraised by foster carers.
- Carers positively evaluated frequency of contact visits.
- Few carers opted to increase or decrease contact sessions.
- Children and carers were involved in contact arrangements.
- Foster carers' and children's daily routines were not affected by contact visits, with foster carers and children being involved in setting contact episodes.
- Some foster carers reported that contact was a plain sailing experience to manage.
- Other foster carers had a different opinion. They had to face parental outbursts; calm children after difficult visits and facilitate contact with family relatives.
- Logistical difficulties in managing contact also arose.
- Training about contact experiences was available, though it did not provide an explanation to all possible scenarios.
- Social work support was readily available when contact difficulties arose.
- Foster carers believed that stability in social work service was likely to improve contact experiences.

## **Discussion of Findings**

A discussion of the findings follows in this section. The discussion focuses on the following themes: the ambivalent views held by foster carers, the impact of contact on children's behaviours and the management of contact arrangements and experiences. The discussion also refers to the literature (see Chapter 2), the fostering developments within the Maltese Islands (see Chapter 3) and the survey study's findings (see Chapter 5 and 6).

### ***Ambivalent Views held by Foster Carers***

Whilst foster carers may hold positive views about contact and believe in its relevance to the child's wellbeing, on the other hand, they also express their concerns. This result mirrors the findings in England. Waterhouse (1999) reported that foster carers expressed ambivalent views about contact. Similarly, Sinclair *et al.* (2000) argued that carers had mixed views about contact arrangements between children and the birth family. In the intensive study about contact, foster carers expressed their ambivalent views. Some carers went from one extreme to the other. Whilst some advocated for more contact and were ready to support the children's request of increase in contact, others were reluctant and wanted to see a decrease in contact. Ambivalent views were held about frequency of contact and views also changed depending on the contact persons.



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

The findings showed that whilst contact was encouraged, in reality, positive views were generally held about contact with siblings whilst negative views were often present when contact with parents and the extended family was identified. Contact with parents gave rise to apprehension. When contact with parents was encouraged it was mostly encouraged for the wrong reasons. The main reason was to control the mother and keep her calm. Therefore the expression of ambivalent views depended on the contact persons.

It is suggested that foster carers' views are likely to be influenced by reasons for children's entry into care (see Waterhouse, 1999). More often than not foster carers are aware of the children's situation (as per personal communication with Leader of Fostering team and member of the Children and Young Persons Advisory Board, 2009). As reported in the survey findings (see Chapter 5 and 6), children under a care order are admitted to care as a result of parental reasons and child issues. In the case of parental issues, these are often mental health, rejection/estrangement from or collapse of family, single parenthood and drug abuse whilst child issues are mainly child abuse cases. If foster carers are aware of children's reasons for entry into care, it is somehow understandable that they do not hold favourable views about contact with parents, although they positively evaluate children's contact with siblings. This echoes the results obtained by Waterhouse (1999) who suggested that foster carers' attitudes towards contact with the birth family were negatively influenced when children were admitted in care for reasons of abuse/neglect.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Holding positive views about the siblings and contact with siblings depended on the siblings' ages. Some carers noted that older siblings modelled negative behaviour. Foster carers drew out a distinction between younger and older siblings. Quinton *et al.* (1998) also reported that contact with siblings might give rise to a major concern. Contact could face children in placement with unwanted contacts and exposure to undesirable lifestyles.

Foster carers also expressed feelings of ambivalence when it came to children's loyalties to the foster care placement and the family of origin. Some foster carers were well aware of the children's feelings of entrapment between the birth family and foster placement. Foster carers saw this situation as negatively impacting on the child. For example, McAuley (1996) argued that when children did not have permission to maintain contact with the family of origin, children expressed feelings of sadness and anger. Similarly in this study, whilst some carers reported the importance of contact in maintaining the link with the birth family, they also frowned upon contact with parents. In these cases children expressed negative behaviours. They felt that they were in a no man's land and belonging to two families was difficult to reconcile.

Training which addresses the ambivalent views held by foster carers is worth considering. Some foster carers need to be made aware of their ambivalent attitudes, what impact these views have on children and need to be supported to overcome their restrictions to contact. Primarily, they should work on these

attitudes for the child's benefit. Children will find it difficult to disclose to foster carers their difficulties, faced during contact, when carers express restrictive views. For example Beek & Schofield (2004) noted that when foster carers felt positive about children's family members including parents, they also ensured children had flexible arrangements. These arrangements ensured children could freely move from one family to other.

Finally, training is particularly important because should such restrictions to contact fade, biological parents are more likely to open up to non-related foster care. As explained in Chapter 3 and supported by the survey study's findings (see Chapters 5 and 6), up to this present day the majority of birth parents still hold reservations about non-related foster care (Abela, *et al.* 2005). When parents consent to foster care, this is kinship care. In this way, kinship care can be described as the most natural type of care, if a child cannot remain with the birth family (see Owusu-Bempah, 2010). Foster carers' positive view of contact between children and birth parents is key in the admission of children to non-related foster care. In their own right, birth parents will not feel judged and are likely to think positively and consider non-related care as a favourable option.

### ***Contact: Its Importance and Outcome***

As reported in Chapter 2, contact was important for a number of reasons (see Hess & Proch, 1993; Cleaver, 2000; Macaskill, 2002; Sinclair, 2005). In the intensive study, foster carers saw contact as significant in maintaining links and

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

keeping the children in touch with their roots. Contact fed children with information about their roots. It helped children build their identity (Schofield & Beek, 2006, Owusu-Bempah, 2010).

Whilst contact maintains family relationships, Hess & Proch (1993) have also argued that contact reassures children about the safety of other family members. Contact also ensures that children knew that family members cared for them and did not abandon them. In this study foster carers argued that contact made sure that children had the required information. This echoes Owusu- Bempah's thesis about the importance of socio-genealogical connectedness (see Owusu-Bempah, 2006, 2007 & 2010). Access to knowledge of one's own and family history contributes to the person's psychological make-up and socio-genealogical connectedness results. This in its own right is linked to identity development and reconciliation of one's identity (see Obama, 2007).

In this intensive study, siblings were seen as the main route to one's roots. Siblings were singled out as they shared similar experiences and were able to feed fostered children with information about the biological family. Contact with siblings was singled out as helping the children build their identity. Similarly, Owusu-Bempah (2007) argues that socio-genealogical connectedness should not be conceived as starting and ending with birth parents but sees siblings as relevant in this scenario.

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

Negative outcomes of contact were also reported. In some cases, foster carers reported children expressing feelings of anxiety and even terror. Even contact with siblings had its difficulties. An older sibling sometimes modelled negative behaviour. When contact did not follow proper planning and social work interventions, other difficulties arose. For example, one of the children took the initiative to establish contact with her extended family. Unplanned contact led to unexpected events for the child. This contact did not help the child build her identity but rather the child's progress and placement were put in jeopardy.

Similarly, Farmer *et al.* (2004) and Moyers *et al.* (2006) argue that contact difficulties predict later placement breakdowns. Farmer and colleagues explain that detrimental contact is associated with an absence of beneficial placements. In this situation, foster carers require social work intervention to manage contact. This is necessary to avoid a foster placement from breaking down. When a placement is in jeopardy or breaks down, children are likely to suffer most.

### ***Contact Management***

Over the years improvements in social work practice and the statutory body's procedures were noted. Foster carers reported a consultation process, marking contact arrangements resulting between social workers, the Children and Young Persons Advisory Board, foster carers and children. Social workers consulted children and foster carers. Only a few foster carers argued they and children

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

were not involved. These results are rather different from findings reported by Waterhouse (1999). In her study, foster carers did not see themselves involved in contact arrangements. But other studies do not agree. Cleaver (1999) and Beek & Schofield (2004) argued that social workers 'go to considerable length' to make contact happen and children were involved in contact arrangements.

Similarly in this study, children's voices were heard. Social workers were also sensitive to children and foster carers' needs. Contact arrangements were organised when it was suitable for children and carers. Daily routine was not affected by these arrangements.

Though contact was generally seen as a hassle free endeavour, some carers did report that when contact difficulties arose, they managed these difficulties. Difficulties were different. Some were related to children's behaviours after contact visits; others were dealing with parental outbursts or finding a suitable venue. Social work support was provided to foster carers. Nevertheless, it seemed that no training could have covered all possible contact scenarios, particularly those situations carers faced. Foster carers' main concerns about contact management were namely: social workers' turnover and lack of service during weekends and after office hours. There is no social work service available on Saturday and Sunday and after office hours. Finally, foster carers argued that contact could be improved if the child's social worker made use of

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

child friendly methods. Through these methods children's wishes about contact could be elicited.

### **Conclusion**

Foster carers' views provide another perspective to the study of contact arrangements between children and the family of origin. Waterhouse (1999) underlines the importance of foster carers' views. Foster carers holding ambivalent views influence children's experience of contact particularly contact with birth parents. When foster carers held negative views, this negatively affected children. Foster carers' views are to be understood within a context and in relation to other views.

In the chapters on fostering developments (see Chapter 3) and the survey of social work case files (see Chapters 5 and 6), the context that foster carers experienced in this study was presented. Throughout the years and mostly in the past, foster carers were made to believe that they were 'alternative parents' (see Chapter 3). Moreover, since children are in long term care (see Chapter 5, 6 and 7), the length of time in placement further reinforces the idea of alternative parenting. The reasons for entry into care also do not help to counteract the negative images some foster carers have about birth parents. Some foster carers also experienced negative encounters with birth parents and the extended family. In this case, more training is needed to counteract such views.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

In this thesis, other views are highlighted. In the following chapter, the intensive study of contact will focus on children's views about contact. As explained in Chapter 4, children's views were elicited by means of different methods. In the next chapter, findings elicited through pictorial vignettes will be reported. Five pictorial vignettes depicting contact situations were shown to children. These vignettes were developed on the basis of the survey study's results.



## **CHAPTER 9**

# **CHILDREN'S VIEWS ABOUT CONTACT**

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

## **Introduction**

Children are informed participants able and willing to share their views about their experiences and beliefs (Baker, 2006; Fox & Berrick, 2006; Holland *et al.* 2010). The study builds on this notion. By making use of pictorial vignettes, this part of the study aims to capture children's views about contact experiences. Contact experiences were represented by five pictorial vignettes. Each vignette represented a possible contact scenario, with which informed participants were likely to be familiar. The idea of these five vignettes was developed on the basis of the survey study's results (see chapter 5), identifying contact as a common experience with family members, and the literature about contact (see chapter 2), which outlined the active role played by social workers in contact arrangements. As explained in Chapter 4, this method was adapted from Brannen *et al.* (2000) who also relied on such a method as a source of data collection, which captured children's beliefs systematically.

The first scenario showed a ten year old girl living in foster care who was writing to her brother living in another placement (see Appendix III - Vignette 1). The second vignette presented a fifteen year old girl meeting her social worker during a home visit and asking her about the whereabouts of her family (see Appendix III – Vignette 2). The third vignette also involved the presence of a social worker who was facilitating contact between a five year old boy and his biological mother (see Appendix III – Vignette 3). First contact experience between a seven year old girl and her father was shown in the fourth vignette

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

(see Appendix III – Vignette 4). The last vignette (see Appendix III – Vignette 5) displayed a seven year old boy talking on the phone to his grandmother. The boy had not seen his grandmother for sometime. The five pictorial vignettes tried to capture the social situation present in contact experiences. As Brannen *et al.* (2000) identified, children's responses to pictorial vignettes were an indication of how they might act during such situations. In this study, children similarly projected their views about contact.

### **Contact with Sibling**

Children were presented with a sketch of a girl called Maria who was writing to her brother who was also living in foster care. The researcher explained that Maria lived in foster care and had a brother who resided in another foster placement (see Appendix III - Vignette 1). The study participants were asked about what they thought Maria was writing to her brother and what sort of communication there was likely to be between two siblings living in different placements. The vignette was relevant since as reported in Chapter 5 and discussed in Chapter 6, contact experiences between siblings occurred frequently within the Maltese foster children's cohort. Furthermore, the experience of living away from siblings was a reality often faced by Maltese fostered children (see Chapters 5 and 6) including the participants of the intensive study of contact (see Chapter 7).

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

The issue of sharing came up during the interviews, with four children reporting that Maria would like to share with her brother what she is doing. Sharing was not only seen as sharing an experience or information but eleven (11) children also reported the idea of sharing one's feelings:

*I believe she is telling him, she would really like to see him, that she is missing him and that she loves him.*

*For example that she wants to see him and that she is missing him. She also tells him that she loves him and that she wants to see him as soon as possible.*

Personalisation of the situation was also evident, with Elwanda noting:

*Yes I also have a brother and I share with him my problems and he as well.*

In principle, over half of the children (13) noted that Maria's main reason for writing to her brother was to request more contact between them. Twelve children noted face-to-face contact as the most desirable mode of contact with another child reporting that once face-to-face contact was established, other modes of contact might occur such as text messaging:

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*May be they spend a day together. She'll tell him that she'll be going swimming and ask him whether he could come along.*

*And let me for example say I have a mobile I'll send him a sms (text message). She'll tell him that she would like to be with him....*

The vignette also elicited information from children indicating their grave concerns about siblings living away. Two children reported that Maria would definitely want to know whether her brother was happy in his placement; one child also believed that she had a lot of questions to ask him:

*I assume she'll see whether he is happy.*

*How are you doing with your new family? Are you happy? Are they accepting you?*

The theme of acceptance by foster carers was a very vivid image and a reality often faced by children living in foster care (Shlonsky, Needell & Webster, 2003). Great concern about siblings' wellbeing was present. Two other participants expressed their concern somewhat differently and noted that Maria's wish was to be with her sibling:

*May be she wants him with her.*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*The pain she suffers because he is not with her. That is what I imagine because if you have a brother who does not live with you and you hear others talking about their brother. You feel jealous. I really feel it.*

Sibling separation yielded pain but it also yielded uneasiness between siblings who might not have seen each other for some time and when contact was re-established, they needed time:

*I believe she may feel more comfortable writing him a letter than to speak to him directly..... It is not what others tell you and you are forced to do it to have more contact.*

### **Social Work Intervention in Facilitating Contact**

Vignettes 2 and 3 were two sketches showing the presence of a social worker. In Vignette 2 (see Appendix III - Vignettes) the social worker was meeting Jennifer, a fifteen year old, during a home visit, whilst the social worker was facilitating contact between Thomas and his mother in Vignette 3 (see Appendix III – Vignettes). In Malta, fostered children are likely to be supported by the Looked After Children (LAC) social work team. In this case, since study participants were all under a care order, all had a social worker from the Looked After Children team (see Chapter 3). Therefore, the presence of a social worker was not something new to the participants and the researcher was quite

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

certain that children were familiar with the situations represented in the vignettes.

An explanation about Jennifer's situation was given to children participating in the study. The researcher explained that Jennifer wanted to re-establish contact with her family of origin after having lost contact for a number of years and asked what role the social worker might have in this situation. On presentation of Vignette 2, children saw the role of social worker on different levels. One child explained that the role of social worker was to assess how Jennifer was getting along. Thirteen thought that the social worker is the link with the family of origin. Seven out of the thirteen reported that above all the role of the social worker was to help Jennifer get hold of information about the family of origin. These participants believed that the social workers were a source of information and could help children find their parents since they were knowledgeable about parents' whereabouts:

*She is asking about where they (parents) are living, that is what I believe.*

Two out of these seven children agreed that, though social workers have access to information, workers do not have all the required information.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Four children realistically talked about difficulties often experienced by children despite their wish to meet their parents. One of them noted that the social worker should do her utmost to help. Children were extraordinarily realistic in their expectation about social workers linking parents and children:

*I believe that the girl is telling her social worker to do her utmost because after all they are her parents and only they. However, the parents must also be forthcoming and willing but she (social worker) would have done her utmost. May be they (parents) would not want to establish contact.*

The possibility of rejection was an underpinning factor identified from the above extract. These four children were conscious of the fact that it was not always possible to meet one's parents. Examples of issues identified that would prevent parents from seeing children would be: tiredness, lack of information about whereabouts or else not knowing who your child was. The children presented these as possible reasons why it was difficult to establish contact with their family of origin despite social work interventions.

Notwithstanding difficulties in establishing contact with parents, two children reported that Jennifer longed to be with her parents and siblings, and one child believed the social worker could help her achieve this:



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*I want to see them (parents and siblings).*

Another child introduced the concept of self-determination: that it is up to the child to decide, when he reported that social worker should help children in establishing contact with the family of origin. This should be done only if children wanted to. Thus whilst some children talked about the difficulties present in establishing contact because of parents' availability, three other children expressed their views that they might be unwilling to have contact with parents. This was particularly stressed by one interviewee. This child expressed discomfort and anger when shown this vignette:

*This picture is making me angry.*

Social workers seemed to have been a source of stress for this child. Social worker turnover, not knowing what had happened previously, had resulted in forced contact meetings between mother and this particular adolescent. Clearly, the experience of having to share one's problems with new people and the social worker's insensitivity to the child's difficulties is evident from the following extracts:

*It is not the first time that social workers changed and I believe that was something which really annoyed me because for example, first I am sharing my problems with you and then after a while with someone else*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*and after having settled I have to share my problems with someone else.*

*I do not think that is good.*

*So on that day you have to go to your mother but may be I do not want*

*to go to my mother because I have a problem. May be I am traumatised.*

*There are times when you do not feel comfortable in talking to them*

*(social workers).*

Social work interventions in establishing contact with the family of origin were challenged by children with two participants strongly lacking trust in social work intervention, as can be seen from the following extracts:

*If there is no contact with family (parents), it is useless; it is useless raising hopes and these sorts of things....*

*Because when you are young the social worker does not believe you but is likely to side with adults so why did you (social workers) come and ask for my opinion? .... It is a waste of time.*

Vignette 3 also presented the role of social worker but somewhat differently. A social worker was depicted in action, facilitating contact between the mother and her child. Participants were given an explanation; Thomas a five year old boy was meeting his mother whilst in the presence of a social worker. Children

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

were asked about their views of this contact experience. In response to this vignette, children were mostly interested in expressing their views about contact between the mother and her child. Interestingly enough whilst in response to Vignette 2, the main focus was the child and social worker, participants' responses to the third vignette indicated that the role of the social worker was seen as secondary to the role of the mother.

When children were asked about the usefulness of the social worker's presence, fifteen reported the importance of social work presence during visits between mother and child. Seven of these participants thought that the social worker should be there to facilitate contact between the two. Other children (6) stressed that the social worker should be present to prevent harm from occurring to the child. One of them was concerned about child abduction:

*I believe the social worker should be there because she (mother) may do something if she (social worker) is not present.*

*Yes because the mother may hate him but would still want to see him. If the social worker is not present she (mother) may abuse him, so it's better if social worker (is present) since child is never with her (mother).*

*She (mother) may just take the child!*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Amongst the participants who saw the role of social worker as significant, one of them believed that social workers were happy to see children re-united with their families. Other children (2) did not hold strong views about a social work presence but reported that social worker might accompany the child but needed not be constantly present during visits. Another child also explained that the role of the social worker was to assess the situation and decide whether s/he needed to be present or not:

*If the child frequently sees his mother and there is protection which means that she (mother) loves him and these sorts of things, she (mother) may take him out and she (social worker) every now and then peeps in to monitor.*

In contrast to the above held views, the remaining seven participants were adamant about the potential harm of a social work presence during visits. Having a social worker present was seen as a threat to privacy between mother and child and creating discomfort between the two:

*I agree that he meets his mother but the social worker should not be there when they are meeting. .... I believe that the presence of the social worker does more harm because the child will not disclose.*

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*I believe the child will find it difficult to talk to his mother, when there is  
someone else present. He is more likely to feel uncomfortable.*

### **Contact with Parents**

In both the survey and the intensive study, contact with birth parents was investigated. The findings in the intensive study showed that contact with birth parents was prevalent though not to the extent of contact with siblings. In addition, contact with mother was more frequent than contact with father. In Chapter 7, the absence of the father from children's lives was underlined. Two pictorial vignettes were presented to children to elicit their views about contact with parents. In the following two sub-sections, the findings are laid out.

#### ***Contact with Mother***

As previously outlined Vignette 3 presented contact experiences between a five year old boy and his mother (see Appendix III – Vignettes). Children expressed different views when the sketch was placed in front of them. The sketch evoked both positive and negative feelings about the mother's presence, ranging from love to complete indifference. The relationship between the mother and the child was undoubtedly of great interest to children. The social worker's role facilitating contact between mother and child was peripheral to children whilst the relationship between the mother and the child was placed at the centre of their attention.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Twelve children responded positively to this sketch. Some (4) believed that Thomas was expressing his love towards his mother:

*I believe he is telling her (mother) that he loves her and this sort of things.....*

*He asks her (mother) how she is doing and also that he loves her.*

Others (3) thought that the child wanted to learn about how his mother was faring. Two participants also believed that Thomas would confide in his mother things he did not disclose to others:

*Yes because the child may be wants to tell private matters to his mother and he only wants to confide in her, because he feels comfortable with her.*

The remaining three participants believed the child was happy meeting the mother and that more contact should occur between the two. Whilst positive responses were identified from a number of participants, the remaining ten participants expressed somewhat different views.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Five thought that Thomas was frightened and that the mother missed the child but the child did not miss her. The child was described by the remaining five participants as indifferent, detached and reluctant to meet her:

*He is not even taking any notice it is only because the person behind him is helping him.*

*He does not seem he wants to go.*

One participant used a metaphor and described the mother as *mute*; a mother who did not respond or a mother who did not speak up for her children. Powerful images could be recognised from the participants' responses, images of pain and hurt and indifference towards a mother who was not present in their lives:

*R: What do you think he is telling his mum?*

*C: Nothing*

*R: Is she telling him something? They are looking at each other.*

*C: Yes. She is mute.*

***Contact with Father***

The fourth vignette (see Appendix III – Vignettes) also presented contact experience between a child and her parent. Children were asked to consider a

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

sketch of a girl called Erika who was portrayed as meeting her father for the first time. The difference between Vignettes 4 and 3 was, whilst in the third vignette, a social worker was present to facilitate contact between parent and child, in the fourth sketch, the child was meeting her father on her own without the presence of a social worker facilitating contact.

This pictorial vignette was pertinent because it tapped into issues that children often faced, namely the experience of meeting one's father; an experience which was less common, the experience of meeting one's father for the first time which was likely to happen (see Chapter 7) and the experience of meeting a parent without supervision. As discussed in Chapter 7, supervision only took place in around half of the participants' contact experiences. By means of this vignette, the researcher wanted to tap into children's beliefs about a situation, which was often seen by social work practitioners as less of a priority than contact with the mother. Absence of supervision was also something upon which the researcher wanted children to comment.

This vignette evoked feelings of happiness, pain and anger. Children seemed to be interested in contact but some portrayed a range of responses from the father being interested to know about the child to being indifferent. Only three children identified the experience of meeting a father as an enjoyable experience. Some children (3) were either in pain because they missed their father or else were in pain (4) because of rejection issues. The theme of



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

rejection was yet again present in children's description of Vignette 4. The feelings of rejection came out strongly during this projection exercise:

*C: Blind.....You (father) are a disaster because you left me (child).*

*R: She is telling him (father) that he is a disaster because he left her (child).*

*C: Yes.*

*She (child) is telling him (father) 'why did you leave me?' and she tells him that she misses him..... He (father) is telling her (child) that he is sorry.*

*She is not enthusiastic (to meet her father) because sort of he never wanted to know about her.*

One of these children referred to the father as 'blind' and a 'disaster'. This is the same child who, in Vignette 3, refers to the mother as mute. Through metaphors the child managed to express his feelings about his parents.

Because the social worker was not present, this worried some of the children. When giving their comments on Vignette 4, some of the children were worried. Erika, who was the child in the vignette, was meeting her father for the first time. Some (6) believed that the absence of a social worker was harmful to the

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

child. Two of the children reported that it could be a 'traumatic' experience meeting the father for the first time without having the necessary supervision:

*I believe there should be a social worker; you never know how they (child and father) will get along. Nowadays you hear about the father abusing his own daughter and you never know since he is meeting her for the first time. The girl may be shocked because the father tells her what her mother did and she is too young to understand.*

*It is a mistake that there is no social worker because at least if there is a social worker and the child meets him (father) for the first time, she (social worker) prepares the child. The way it is I do not think it is a good idea. Maybe he (father) is ready to see her (child) because he is mature but she is too young. She (child) is going to be shocked.*

Other children (3) saw the presence of the social worker as useful in the circumstance but were not so concerned about the negative effects that might result if the child met her father on her own. Finally the remaining (3) participants thought that Erika was interested in knowing about the father but the father seemed less concerned about his daughter. The father was portrayed as indifferent.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

**Contact with the Extended Family**

An explanation of Vignette 5 (see Appendix III – Vignettes) was given to participants by the researcher. Matthew, a seven year old boy, was described as not having had contact for a very long time with his grandmother and that he had finally established contact by telephone. The grandmother was seen as a source of information about other relatives. Participants were asked what thoughts such a sketch evoked.

In response to this vignette, positive emotions were evoked. In general, all participants had positive comments and saw contact experiences between Matthew and his grandmother in a favourable light:

*Yes I know what this is. Matthew is telling everyone that he and his grandmother met. Both of them are happy that they have seen each other. Look at him how he is smiling!*

Participants described the child and grandmother as happy for having established contact. Ten interviewees thought that the child was asking his grandmother to continue with this contact. One of them even believed that the child would ask his grandmother whether he could stay with her. Fewer participants (5) reported that the grandmother asked whether she and Matthew can further this contact. Apart from the issue of furthering contact, participants (11) also noted that the child wanted to know how his grandmother was faring.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

One of the interviewees also reported that Matthew was interested in knowing about his grandmother's health and another two believed Matthew was concerned about losing his grandmother:

*He is talking to his grandma because she may die.*

*May be he is afraid that he (child) may not be able to see her (grandmother).*

Yet again, fewer children (2) thought that the grandmother was interested in knowing about how Matthew was doing. One of the two reported that the grandmother would mostly ask about school.

Expression of emotions was also evident. Two children thought that Matthew would either ask his grandmother whether she loved him or he would tell her that he loved her. The use of metaphor was again present. One of the children described Matthew with *dragon eyes* and grandmother as *sleeping*. The issue of strength is often associated with a dragon and this child was possibly identifying with Matthew as having internal strength to deal with the situation. The grandmother was described as sleeping and possibly seen as passive to the situation. In linking this to the personal situation of this participant, the child saw his own grandmother as passive to his situation. Whilst she took care of his sibling, she opted to place him in stranger foster care:

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

*C: Look his (child) eyes are like those of a dragon and she*

*(grandmother) has closed eyes.*

*R: May be she is thinking and so closed her eyes.*

*C: She is sleeping.*

Participants (7) also identified telephone contact between the grandmother and Matthew as a link to other relatives. Children thought that Matthew would ask his grandmother about his parents and siblings. One child also reported that he would also ask her about his extended family, namely cousins:

*I believe he (child) will ask her (grandmother) whether he has other siblings. If he has a father, whether he has cousins and how many cousins he has.*

The grandmother was also seen a source of information about the children's past:

*He wants to know about his siblings and about his other life, where he was brought up before the situation of being taken away.*

The children did not see the grandmother as a potential source to help Matthew establish contact with the family of origin. Children thought that the grandmother might be aware of the situation but did not put forward any views

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

related to how she could help the child in the vignette establish contact. In response to this vignette, one child did report that social workers should facilitate contact and help Matthew in having more contact with the grandmother but also the family of origin:

*..... not only by telephone but also face-to-face contact. She (grandmother) may live abroad and he (child) may never be able to see her. There is no need to have a TV programme like Tista' Tkun Int (It could be you) to have family members meet but social workers should do something about it.*

### **Salient Points**

#### ***Contact with Sibling***

- Children thought siblings shared their experiences as a result of contact.
- Feelings were also shared amongst siblings.
- More contact particularly face-to-face contact should be requested once contact was established amongst siblings.
- Concerns for one's sibling residing in another placement were also present.
- Concerns about siblings' wellbeing were present.
- Siblings' separation was described as a painful experience.
- Living away from a sibling might yield some discomfort when contact was re-established.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

***Contact with Parents***

- Birth parents might be unable to establish contact with the child due to constraints, lack of information of whereabouts and knowledge about child.
- Some children longed to be with parents and siblings.
- Self-determination was present amongst children. They saw themselves as agents able to decide whether to establish contact with parents.
- Positive and negative feelings were evoked. Children described contact between mother and child ranging from love to complete indifference.
- Similar feelings, though predominantly the feeling of rejection, were present when children were presented the sketch showing contact with the father.

***Contact with the Extended Family***

- Children viewed contact with grandmother favourably. In general, contact experiences between the child and the grandmother evoked positive comments.
- More contact between the child and the grandmother was requested.
- The grandmother was mostly seen as a source of information about other family members and the child's past.

***Social Work Intervention in Facilitating Contact***

- Social worker visits were there to assess how the child was faring in the placement.

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

- Primarily, social workers were a link with the family of origin and a source of information.
- As a source of information, social workers helped children to re-establish contact with the family of origin.
- Social workers might also lack necessary information.
- Social workers could be a source of stress.
- Social worker turnover and lack of sensitivity towards children's situations were reported.
- Forced contact meetings were also reported.
- Social workers could raise false hopes about the family of origin.  
Children also saw social workers as taking sides with adults and so some distrusted social work interventions.
- Children supported the presence of social workers, during visits, to facilitate contact and to prevent harm from occurring to the child.
- Children thought the social worker should be present, to facilitate contact between child and father, when they noticed his/her absence in the vignette.
- However, in other situations, children thought the social worker should keep a distant approach but monitor contact.
- The social worker's presence during contact visits between mother and child created discomfort. This was seen by some children as a threat to the privacy of both mother and child.



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

- Children thought it was the social worker's role to establish contact with the family of origin.

### **Discussion of Findings**

In this section, siblings' relations, contact with parents and the extended family and social work intervention in facilitating contact are discussed. The findings are discussed in relation to other findings identified by both this thesis (see Chapters 5, 6, 7 and 8) and other research (see Chapter 2).

#### ***Relations between Siblings***

The findings show that participants talk fondly about relations between siblings. Sharing of experiences and emotions between siblings is reported. Request for more contact between siblings is also outlined by children. Some also believed face-to-face contact was the preferred mode of contact with other modes of contact following suit. Children's wish to have more contact with siblings is also identified by other studies (Zimmerman, 1982; Aldgate & McIntosh, 2006). For example, Aldgate & McIntosh (2006) pointed out that children wanted to have more contact with siblings.

In this study, children were concerned about their siblings living away and wanted to know how they are faring in another placement. Children talked about how foster carers accepted siblings living away in other placements. Participants were concerned about siblings' wellbeing. This is similar to the

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

finding of Walker *et al.* (2002) who reported that children were concerned about siblings because they may have let them down.

As discussed by Shlonsky *et al.* (2003) and Fox & Berrick (2006) sibling separation 'is a reality for many foster children, particularly children in non-kin care' (p.41). This reality was also experienced by the child participants in this study (see Chapter 7) and children in the cohort study (see Chapter 5). Participants expressed siblings' wish to be united. Sometimes when siblings were reunited, uneasiness arose between them but preparation could help to overcome this.

Moreover, children see siblings as a source of information. Siblings could be in a position to answer questions children may have; such questions like who they are and where they come from. These are identity related questions. Owusu-Bempah (2006, 2007 & 2010) proposes that parents need not be the only source of information but other family members are significant sources for the child's identity development. This is the development of a sense of psychological wholeness i.e. connectedness to one's roots.

***Contact with Parents and the Extended Family***

Children want to be able to decide whether they want to have contact with parents. They do not want to be forced into this. This is very much in line with the UN Convention on the Rights of the Child (1989) which outlines the

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

importance of seeing children as active agents. In this study, it is children themselves who are affirming their position. They see themselves as able to make decisions about this important issue (Fox & Berrick, 2006). They are very much aware of the situations and feelings which are often evoked by contact.

For example, in this study, in response to the pictorial vignette featuring a child and his mother, children expressed different feelings from an expression of love to indifference. Whilst there was an interest in knowing how the mother was faring and in confiding in the mother, on the other hand, some expressed feelings of fear, indifference and reluctance to have contact with the mother. A minority expressed that more contact should occur between the child and the mother. In Zimmerman's study, children wanted to have more contact with siblings than with the mother (Zimmerman, 1982). This aspect is further explored in this intensive study of contact (see Chapter 10).

In response to the pictorial vignette about the experience of contact between a child and her father, children again expressed a myriad of feelings but predominantly showed pain and feelings of rejection. As reported in Chapter 7, a good number of child respondents did not have any knowledge about their father. Without asking directly about one's personal situation, this vignette underlined a major concern for children, rejection. Amongst the important reasons for contact, Hess & Proch (1993) argued that when contact between children and family members was maintained, children were reassured that

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

members cared for them and did not abandon them. In addition, the continuity of contact ensured children received support in their anxieties related to rejection (Jolly, 1994). In this study children's lack of knowledge about their father definitely did not help.

Studies have reported the benefits resulting from contact between grandparents and members of the extended family and children (see Marsh & Peel, 1999; Cleaver, 2000; Farmer *et al.* 2004; Moyers *et al.* 2006; Owusu-Bempah, 2010). Contact with the extended family, in this case the grandmother, was positively evaluated by children in this study. Children believed that more contact should occur between the child and his grandmother. Some reported that it was more the child who was interested in having contact. Children were concerned about the grandmother's health and some expressed fear of losing her. Feelings of rejection were not evident.

Some children saw the role of their grandmother as a direct source of information about past life and family life. Through contact with her, they could access knowledge about siblings, father and other relatives. However, she was not seen as a potential source of helping the child establish contact with other family members. She was purely a source of information. Yet again the importance of having a link to one's family resurfaces. The constant surfacing of the theme of contact with siblings or with the extended family, in this case

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

the grandmother, as sources of information and thus access to one's roots cannot be ignored.

The purpose of contact in helping children gain knowledge about their history is particularly strong in this study. Sinclair (2005) argued that, through these connections resulting from contact, children had a source of information available to them. These sources could be tapped into according to children's needs and, as a result, help to develop the children's sense of identity. Children in the study fully subscribed to this view. Yet again this finding echoes Owusu-Bempah's theory about socio-genealogical connectedness (see Owusu-Bempah, 2007 & 2010).

*Contact and Social Work Practice*

As outlined in this chapter and identified in research studies (Cleaver, 2000; Beek & Schofield, 2004), social workers actively sought to support children in contact arrangements. Children also subscribed to the significance of social workers as a link to the family of origin. Moreover, children perceived social workers as knowledgeable about the family of origin.

The social workers could help children establish contact with members of the family of origin such as siblings and parents. Therefore, social workers contributed by helping children gain access to their sources of identity development. Cleaver (2000) and Beek & Schofield (2004) reported that social

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

workers were active in helping children establish contact with their family of origin. In this present study, despite children's recognition of social workers' support to help them establish contact with the birth family, some of them were aware that social workers might not have all the required information about the birth family. Children were realistic about the difficulties often present in the quest for knowledge about one's family. Children were aware that social work intervention to find one's family could also fail in reaching its goal. Members of the birth family were not always easy to trace.

Social work intervention in facilitating contact also had its difficulties. Children were mostly concerned about the social workers' turnover. This echoes the findings of interviews with foster carers (see Chapter 8). Social work turnover was identified as one of the major difficulties in making contact happen that was beneficial to children. The lack of continuity between one social worker and the other often resulted in either forced contact meetings or no meetings at all between children and birth parents, despite children's wish.

The role of the social worker during contact visits was also explored. Children saw the social worker in terms of protection. They also reported that the social worker was significant in facilitating contact between the child and the parent. In response to the vignette whereby the child was meeting her father for the first time, some children expressed the view that during such an occasion, the social worker should be present. Children's perceptions were very strong with

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

some describing this experience as traumatic. In at least one case, children underscored the importance of supervision during contact visits.

Whilst a social work presence could facilitate contact between the child and parent, others saw it as purely a threat to their privacy. In a nutshell, children wanted the social worker to assess the situation and be present only if needed. The social worker should be there to support the child and should not force contact. Children saw themselves as able to decide about contact, namely as active agents (Fox & Berrick, 2006). Children also stressed that social workers were meant to be there and not take sides. This was evident in the study as a problem, which often resulted when the role of the social worker was to look after the interests of both parents and children. As explained in Chapter 3, the practice of having different social workers for parents and children is only a relatively recent introduction, though not without difficulties. As a result, when this practice is absent, children can grow distrustful of social work interventions.

### **Conclusion**

Children's views about contact were explored in this chapter. A striking finding is children's views about the importance of family members, particularly siblings, and the role of extended family in helping children have access to their personal history. In Chapter 8, foster carers also saw the importance of siblings in facilitating children's quest to gain knowledge about their roots. This chapter

## Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

also delved into children's views about contact with parents and social work intervention in facilitating contact between the children and their birth parents, amongst others.

In the following chapter, children experiences of contact are examined. Other data collection methods were used to gain knowledge about children's experiences of contact. Visual spatial techniques (ecomaps) were used as the researcher believed that, through these methods, children could express and explain their experiences of contact with the family of origin. The next chapter reports on going beyond hypothetical situations and asking children about their actual, personal experiences of contact and their wishes.



## **CHAPTER 10**

# **CHILDREN'S CONTACT EXPERIENCES AND THEIR WISHES ABOUT CONTACT**

## **Introduction**

The UN Convention on the Rights of the Child (1989) stresses the importance of contact between children and their family of origin. In line with this Convention and in order to capture an understanding of the contact experiences of fostered children with their family origin, this study set out to investigate such contact experiences. Children were sensitively asked about their contact experiences with their family of origin.

This study also set out to investigate children's wishes about contact. Seeking children's views about their wishes and desires is a clear recognition of the pivotal role children play in their upbringing. Children are no longer considered as powerless, as having a lesser opinion and unaware of what is right or wrong. Children are considered as active agents (Harris & Lindsey, 2002; Fox & Berrick, 2006). The researcher drew on the belief that listening to children in the care system and asking them about their desired contact shifts the power balance from an adult driven perspective to a child driven understanding of the experience (Rose, 2006).

As explained in Chapter 4, visual-spatial techniques were used (see Appendix IV- Ecomaps, Experiences of Contact and Desired Contact) with the intention of learning about children's contact experiences and their views about desired contact. Children were given two lists of people (mother, father, sister, brother, siblings, aunt, uncles, grandmother, grandfather and others) with whom they might possibly have had contact and another one with whom they desired contact. They were also given two

maps with four concentric circles. These techniques were adapted from Brannen *et al.* (2000) and Aldgate & McIntosh (2006). These latter authors adopted these techniques in their study about children's connections to family life.

The researcher explained to the twenty-two child respondents that the concentric circles represented different levels of contact experiences and desired contact. Children were encouraged to place the relevant names in one of the circles. Upon completion of the two ecomaps, the researcher asked the participants about the identities of the people. A discussion about children's experiences of contact and desired contact followed. Apart from discussing the frequency and mode of contact, children also reported their views about the significance of contact, preparation for contact experiences and their involvement in decision taking when it came to contact arrangements. The researcher also explored with the children the mode and frequency of the desired contact. Other pertinent issues relating to the significance of contact, feelings attributed to desired contact and children's expectations about contact preparation were also studied. Finally, the researcher concluded by asking the children whether social work professionals had taken any interest in asking them about their desired contact experiences.

### **Contact Persons**

Children gave a detailed explanation of the persons with whom they were in contact. Only one sixteen year old adolescent did not include his family of

origin but included his foster family within his first map. In this particular case, the child did not identify with his family of origin and therefore did not include his family of origin in the picture. He did not have physical contact with any members of the family of origin except contact by means of a card sent by his aunt for Christmas. This child filled the gap left by his family of origin with members of the foster family. He mostly identified with the foster father and foster sister who featured significantly in the concentric circles.

Other participants freely talked about their family of origin. Children enthusiastically reported that they were mostly in contact with their siblings. They noted that they were in contact with their brother (9), sister (11) as well as with other siblings (10):

*Those are my siblings because I spend my time with them.*

Valentino age 18

*As far as contact goes, I have first and foremost with my brother because we meet.*

Sophie age 16

Seven out of 22 participants reported that they were also in contact with their mother and 5 with their father. In general, contact with parents did not give rise to any expression of excitement in the children's voices. The following extract by Valentino, an eighteen year old adolescent, crystallised

the general feeling held by children about their biological parents with whom they were in contact:

*This one here (biological father) if I could I would put him further down. Because my father when I was younger he never really bothered about me, now he is coming....*

Valentino age 18

*And she (biological mother), I would put her at the very end. She is not a real mother who gives to her children.*

Valentino age 18

The extended family was also represented in the concentric circles. Five children reported they were in contact with their aunt and 6 with their uncle. Two children noted they were in contact with cousins and finally five explained they also had contact with one or both grandmothers and four with a grandfather. Contact with the extended family was expressed more neutrally and led to positive comments, such as the following extract by Gilbert, a thirteen year old adolescent:

*I have two grandmothers and I love them both. That is why I put them here.*

Gilbert age 13

Participants in the study further corroborated the evidence from the survey study (see Chapters 5, 7, 8 and 9). Contact with the family of origin was mostly with siblings. Contact with other family members, although it occurred, was to a lesser degree. The contact with siblings generally elicited enthusiasm in participants. Contact with parents, by contrast, did not give rise to much enthusiasm whilst contact with extended family, particularly the grandmother, was positively appraised.

Similarly, when children were asked by the researcher with whom they wanted to be in contact, children firstly identified contact with siblings. Thirteen out of the 22 wanted to have contact with other siblings. Nine wanted to have contact with a brother and 10 with their sister:

*When I am at school I would want to see more of my brother.*

Conner age 9

Children also expressed their interest in having contact with parents. Eleven out of the 22 children wanted contact with their mother and 8 expressed their wish to have contact with their father:

*I have never seen them (parents).*

Daniela age 10

The desire to meet their parents was evoked by the children's wish to have an answer to their questions rather than spending social time with them:

*For example with my mother, I want to know who is she and why she left me and even my father. Yes they should tell me why they left me. They ought to give me an explanation.*

Elwanda age 13

Contact with the extended family remained relatively the same, with six children reporting contact with their uncle and their aunt. Five wanted to have contact with their grandmother, four with their grandfather.

Two children expressed their wish to have contact with friends and one thirteen year old stressed his wish to have a pet dog, who would serve as a companion with whom he could identify:

*The thing I desire most is not any kind of dog but a dog which has had a rough past. A past which is pretty ugly and then may be I can make it happy throughout its life. I want it to forget about its past and to look forward to the future.*

Gogo age 13

As seen from the above reported results, some children wanted to have more contact with their family members, primarily an increase in contact with siblings but also an increase in contact with parents. Other children, 9 out of the 22 expressed their desire to keep things as they were. The desire to maintain the *status quo* seemed to result from fear of the unknown.

Valentino, an eighteen year old adolescent noted that:

*What I wish for is what I have. What I have right now is what I know.*

*What I can have in the future, I do not know. I want to keep what I have. I am afraid of what will happen in the future.*

Valentino age 18

The above extract reflected the adolescent's fear of what might be in store for him in the future. This was rather different from the previous extract of Gogo, the thirteen year old teenager, who was optimistic about his future and who wanted to share his optimism by 'fostering' a dog. He wanted to show his dog a better life and wanted to convey that life had in store positive things.

### **Mode of Current and Desired Contact**

The researcher also asked the participants how contact was established with their biological family members. Twenty-one children (except the participant who had no contact with the biological family) reported that they had contact through meetings:

*I go and meet them. Like tomorrow I am going.*

Gilbert age 13

*I meet them.*

Mark age 14



*So far contact has been through meetings.*

Gogo age 13

*Yes there is Jeffrey and Keith (siblings). We go to St. Patrick's (residential institution) to meet Jeffrey and I see Keith at school. Well I rarely see him but sometimes I go and visit him during break time and we stay playing together.*

Aidan Karl age 9

Other means of contact were reported. However these were to a lesser degree. Seven children out of 22 reported that they had telephone conversations:

*Sporadically, my mum calls and so I wouldn't know when to expect her call.*

Daphne age 11

Three participants reported that they chatted through the internet (msn) with their siblings, two emailed them and one child sent text messages. For another child, contact was kept by means of a Christmas card. Only one participant reported the issue of having thoughts about his family members. These thoughts were mostly about his grandmother and uncle.

When children were asked about their desired contact, face-to-face contact was the preferred mode of contact for 20 of them. As reported earlier, nearly all (21) had noted that contact was kept by means of face-to-face meetings:

*Like this we meet together.*

Daniela age 10

*I want to always meet them.*

Camen Nathan age 9

When children were asked whether they wanted to keep face-to-face contact, the majority agreed (20/21) but one did not want to keep the current mode of face-to-face contact and preferred the idea of telephone conversation:

*If it was for me, I would call them (siblings).*

Julia age 7

Apart from face-to-face contact, two other children also wanted telephone contact. In addition, two children reported chatting and text messaging.

Indirect means of contact (see Chapter 2) also featured. Two participants reported having thoughts about family members as their preferred mode of keeping in contact. As suggested in Chapter 2, this has been identified as symbolic expression of contact (Cleaver, 2000). Two participants also suggested the social worker's role was to keep contact with the family of

origin for the benefit of children. These two children saw social workers as the professionals who ought to keep contact with some of their family members and so contact would result through indirect means. This released children from having direct contact with their family of origin as well as providing them with frequent news about their family:

*I: May be through telephone?*

*C: No my mother cannot. However, through a social worker I can.*

Sophie age 16

Finally, one child wanted to have contact through email and another one through letters/photographs/video:

*With my father I want him to send me a photograph so I would see whether I like him or not. Maybe if I do not like him I will not meet him for the time being..... Like this you would know, he may send you a letter and you think he is genuine when in reality he wants to abuse you. May be he can send you a feature so you would know more about him. Through a person's eyes you can tell ...*

Gogo age 13

### **Frequency of Current and Desired Contact**

Contact experiences varied in frequency. Six out of the 22 participants noted that their contact was on a daily basis:

*When he is online, it is everyday.*

Elwanda age 13

One child reported contact experiences two to three times a week, two on a weekly basis, three every fortnight and another three on a monthly basis:

*Once a week, yes because of school and study, so it is better this way.*

Gilbert age 13

Other children reported that contact occurred on less frequent terms. Five children noted that contact resulted every three months or so:

*No, it is every three months or five. It depends.*

Gogo age 13

*So and so, I think it is every three months.*

Mark age 14

Three children experienced contact with the extended family and their mother on an annual basis and another two children commented that contact occurred only on an *ad hoc* basis:

*With this one (mother), every now and then.*

Jeremy age 17

As reported by children, there was no specific pattern to the frequency of contact experiences. Contact experiences ranged from the most frequent on a daily basis, weekly and fortnightly to monthly, every quarter and/or annual basis. Frequency of contact depended on the arrangements that were made with siblings, parents or the extended family. Frequency was, therefore, determined by the availability of siblings, parents, extended family but was also influenced by arrangements carried out by professionals according to decisions taken by social workers and the Children and Young Persons Advisory Board.

No pattern of frequency of contact was identified when actual contact experiences were explored. When children were asked what they wanted about the frequency of contact, a different reality emerged. Children expressed their wish to have more contact with siblings.

Six out of the 22 participants noted that they wanted contact on a monthly basis. Four wanted contact every fortnight, another four on a weekly basis, one twice a week, another child three or more times a week and three children wanted contact on a daily basis. So the general feeling of children was that more contact should happen:

*Always, always, always. Everyday.*

Camren Nathan age 9

*I think three times a week or four. Even more.*

Daphne age 11

*Or maybe once a week.*

Aiken age 12

*Once a month.*

Hayle age 7

*What I want is that it is increased.*

Jeremy age 17

However, the desired increase in contact was with siblings. Having more frequent contact with other family members, namely parents and extended family, was not on children's wish list. Though children expressed their desire to have contact with parents, they did not wish to have more frequent contact.

One sixteen year old noted that she wanted to meet her parents only once. For her, such a one-off encounter would suffice as she wanted to be in a position to ask them questions about the family. Another sixteen year old wanted contact to remain as it was and namely to keep the annual contact through a Christmas card. Two other adolescents wanted contact either occasionally or when one felt like it. As one of them expressed it:

*With my brother the way it is (with brother it was on a regular basis)  
but with my mother, occasionally I would want to know how she is  
doing.*

Sophie age 16

### **Significance of Contact**

The study also set out to explore what contact meant to the children and what feelings and thoughts were generated when they experienced contact. Over half the children (13/22) reported that contact was important to them. Contact generally generated positive feelings:

*I feel happy because at least I know he'll listen to me.*

Elwanda age 13

*I love them both but I really enjoy myself with mum.*

Gilbert age 13

*With my sister and with these (siblings) I feel happy.*

Aidan age 9

*As contact I have with my brother. This is the first, we meet and do.  
We really look out for each other...*

Sophie age 16

When contact did not occur (3/22) it led to disappointment with one child reporting:

*.... they told us that we were going to meet again but then we never met again ...*

Julia age 7

Two children saw contact as something normal and taken for granted. Yet two others saw contact rather differently. Whilst one talked about the importance of contact to link him to his family of origin, the other was hurt as a result of contact:

*Somehow I would know more about my family and I would know more about the life of my real family. I would know whether I resemble them. So far I have not seen anyone who resembles me. May be I look like my father because my sister looks like mum and she only resembles her.*

Gogo age 13

*I enjoy myself but then I do not always enjoy myself. .... You have to forgive but it is not easy because they (parents) did not do a mistake and tried to fix it and see how the children suffered when they were young. No, he (father) kept on hitting, hitting as if it was a bet and they (some children) are yours and these (other children) are mine.*

Valentino age 18



This adolescent had mostly ambivalent feelings, depending with whom he had contact. If contact was with siblings, he felt well. On the other hand, if it was with his parents, he expressed how hurt it made him feel.

Contact generated a range of feelings. These included feelings of eagerness, happiness, shyness but also ambivalence and anger. Two children reported how eager they were before contact. A nine year old child reported how he rushed his foster carer to drive him to contact visits with siblings:

*I start telling mummy (foster carer), drive. Drive quickly.*

Conner age 9

Eleven said that they were happy with contact. Three had ambivalent feelings, another three were saddened and one was shy:

*We enjoy ourselves when we are together.*

Aidan age 9

*Because when you are enjoying yourself time flies.*

Conner age 9

*It depends with who it (contact) is with.*

*So and so (voice was sad).*

Jeremy age 17

*I feel shy when it is with my grandma and grandpa.*

Gogo age 13

Four children said they felt 'normal' during contact visits but one could not express her feelings. She appeared to have bottled up her feelings and became very red in the face during the interview.

Apart from feelings, children also reported on contact experiences and family members. The majority reported (16/22) that they had thoughts about contact and family members. Two specifically reported sad thoughts about contact. Another two reflected on these experiences and shared their thoughts with the researcher:

*Yes sometimes and you keep asking yourself may be they (family members) have certain qualities.*

Gogo age 13

*May be at that specific point in time I would not bother myself too much but any word that is said during our (contact visit) discussion, it is kept in my mind and after I keep on thinking about the things said: Why that person (sibling or father) used that word or why was he (sibling or father) so nice to me?*

Valentino age 18

The researcher also explored with children the significance of contact should it occur as they desired. Children reported how significant contact was for them. Eight children reported expressions of delight if contact with family members took place as they desired:

*It is something beautiful.*

Camen Nathan age 9

Ten identified contact as something important to them. Out of these ten, four explained the significance of contact as important with respect to their family life experiences. They wanted to feel part of a family and to maintain strong links with their biological family. These children seemed to reflect the importance of contact in maintaining such connections and reinforcing a sense of identity through a socio-genealogical connectedness perspective (Owusu-Bempah, 2006):

*Yes I've put him (sibling) in the middle because I want contact to keep on as it is. I feel it is important to me. My brother is the most important.*

Elwanda age 13

*He (father) cannot understand what the love of a family life means to me. It is so important to us.*

Valentino age 18

*This is what I want; being part of the family and those others like  
cousins and aunts/uncles they are also part of the family.*

Aiken age 12

The remaining four participants also reflected the importance of having information about families, another aspect of socio-genealogical connectedness. Three noted that such contact with family members was something normal as it should be, whilst the remaining participant explained that such contact got him in touch with reality:

*Wouldn't it be normal!*

Richard age 16

*I think it is better for me so I would know the reality.... with those  
(parents) I have never seen.*

Gogo age 13

Expressions of feelings were also present. The researcher asked the participants how they would feel about their wishes for contact experiences. Yet again a range of different feelings were expressed namely: positive, neutral and negative.

Thirteen children either directly expressed happiness or hinted to this feeling. Three expressed feelings of eagerness and five noted that such contact did not yield any particular feelings but that it was all rather normal:

*Happy*

Joe age 10

*I ask myself, will I see them (siblings) again? Will I see them (siblings)?*

Aiken age 12

*Normal.*

Daphne age 11

Three children expressed one of the following feelings: confused, angry, and nervous. The rather negative feelings of anger and nervousness were expressed by children who did not want any changes in their contact experiences. These children opted to maintain the current contact as it was when they were asked about their desired contact. During the interview, one of the children had indicated wanting to keep the *status quo* as he was afraid of the unknown. The participant was unsure how she was going to confront the situation of meeting her parents who she did not know so her wishes about contact were ambivalent:

*Because I would like to see them (parents) but also I wouldn't like. I feel confused... Yes at times I stay on my own, thinking what I would ask them (parents).*

Elwanda age 13

## **Preparation prior to Contact Experiences and their Expectations about Contact Preparation**

The researcher asked participants whether they were prepared in advance by professionals, such as social workers, for contact experiences. Six out of twenty two participants said they were prepared:

*Yes, once we were going out with my brother and sister. Yes because they (social workers) told us that we will meet again but we never managed to meet again.*

Julia age 7

*Yes they tell us where we are going. A week before they call mummy (foster carer) to inform her.*

Aidan age 9

On the other hand, half of the participants (11 out of 22) said they were not prepared by social workers. Two reported that foster carers and siblings were significant in their preparation prior to contact:

*And with the help of my mother and father (foster carers) because I would not know that I have a brother.*

Elwanda age 13

*No. My sister tells me in the car.*

Matthew age 7

Children themselves identified the issue of not having been prepared or well prepared by professionals. Children noted that social workers did not listen to them and that they should have tried to use child friendly methods to explain things:

*I do not think I was prepared well because they (social workers) would have offered me two alternatives. They (social workers) should have tried to listen to us and go to our level because as I said before it is not right for a boy or girl especially all that they demand from you.*

Valentino age 18

*She (social worker) comes with me or something like this? No.*

Gilbert age 13

Sophie, a sixteen year old adolescent, drew a distinction between contact with siblings, her mother and the extended family. She reported that she was prepared when contact occurred with her brother and mother but no preparation was provided when contact was to take place with her extended family. The other five children could not recall whether they were prepared or not:

*I do not know.*

Camen Nathan age 9

The latter five children saw the issue of contact preparation as unnecessary as contact was considered a normal event. Contact with family members was not new to them and so they felt that when contact was already established no preparation was needed.

The researcher enquired about children's expectations of professional contact preparation. Eight children agreed with contact preparation. Some believed that contact preparation was useful because social workers were experienced:

*They are older (social workers) than me.*

Julia age 7

Two adolescent girls agreed with contact preparation by professionals. Though one of them saw the usefulness of contact preparation, she did not see its relevance with every family member but only with her mother. The other girl was hesitant as she was not sure how she would eventually react.

*Yes, with my mother. I would want to be prepared and know what to do ....*

Sophie age 16

*Yes and no. I would want to think about what I am going to ask but then I may not even ask. I will do what I feel.*

Elwanda age 13



Contrary to the view of some writers (see Chapter 2) that good preparation is important in contact arrangements, the majority of children did not express favourable views about contact preparation by professionals. Fourteen out of 22 did not see the relevance of contact preparation by professionals and some even saw the input of professionals as confusing:

*I do not want a time table and restrictions. If I want to speak to you, I'll speak to you from my heart. I do not want any restrictions.*

Valentino age 18

*I'd rather do it myself than have them prepare me. I have to feel comfortable rather than have them telling me things and then confuse me.*

Gogo age 13

Professional contact preparation was seen by children as relevant in certain instances particularly when it came to contact with parents but the general feeling was that there was no need for professional contact preparation.

### **Decision-Making and Social Work Practices**

Some writers have identified children's involvement in decisions (Fox & Berrick, 2006; Fox, Berrick & Frasch, 2008; Holland *et al.* 2010) about contact arrangements as good practice (Harris & Lindsey, 2002; Aldgate & McIntosh, 2006). In order to capture an understanding of this issue, the

researcher asked the children about their involvement in decisions about contact.

Around two thirds of children (15/22) reported that they were not the decision takers when it came to contact arrangements:

*Let me tell you it used to start from the social worker's side. At times decisions were taken by the Advisory Board. Since the Advisory Board members are mostly social workers they will not go against what the social workers say and so they used to agree. I do not think it was right and children should have been involved. It is like the court, it imposes on you to see your mother and that has to happen ..... and I did not look forward to our contact meeting.*

Valentino age 18

*She (social worker) told me. Before I used to go on a Friday but then the social worker came and told me that I will start meeting for one hour with my mother and another hour with my father. Then it was set for Saturday and eventually they (social worker and the Children and Young Persons Advisory Board) increased the hours.*

Gilbert age 13

*It is the social worker, she sees to the date and whether we can meet.*

Daniela age 10

Out of the 15 participants reporting that they did not make the decisions about contact, 6 did note that they had some involvement:

*It is the social workers but at times I ask them whether I can meet them at least twice a month.*

Aidan age 9

The involvement of other individuals, namely foster carers, social workers and the Children and Young Persons Advisory Board, in consulting children was also evident. Some social work practitioners asked the children whether they wanted contact:

*Yes, whether I wanted or not and I wanted. They did not tell me that I could not see him.*

Gogo age 13

*My mum (foster carer) through the social workers. I have to ask her.*

Sophie age 16

Whilst the majority reported that they were not the main decision takers, eight older participants (thirteen to eighteen year olds) noted that decisions about contact arrangements were taken by them. It appeared that age was a factor in influencing whether children were consulted or felt in control:

*They (social workers) try to fix things but they do not do it without consulting me and seeing whether I would want or not. It is after that they eventually carry out the arrangements.*

Gogo age 13

*It is me who decides.*

Jeremy age 17

A change in social work practice over time was reported by one young person. This adolescent participant noted that, when he was younger, he was unable to decide. However, as an adolescent he reported he was in control:

*Now yes but when I was younger I could not decide. I was forced.*

Valentino age 18

The researcher concluded the interview by asking the participants whether the social work professionals had ever enquired about their desired contact. Over half of children, 13 out of 22 reported that they were never asked about their desired contact:

*Never.*

Gogo age 13

*No. No.*

Daphne age 11

*They never asked me what I want. I also had to tell them that I want to meet with my mother. They never ask you 'Would you like this or that?' I always have to tell them and this is something which really frustrates me because I want.*

Sophie age 16

Seven out of the 13 participants had no idea why the social workers never asked them about their wishes relating to contact. Other children noted other reasons amongst them: social workers had fixed ideas and so were not ready to ask what children wanted (2), there were no problems with current contact (1); social worker's turnover (1) and children avoided any discussion about the matter (2). One child said, for example:

*There is no need.*

Richard age 16

On the other side of the coin, 8 out of the 22 children reported that social workers had shown interest and asked about what the children desired. Despite asking the children about their desires, other factors seemed to come into play. For example, one of the participants noted that:

*Sometimes she does ask me whether I would like to meet with my siblings, but she mostly asks my mummy (foster carer).*

Camen Nathan age 9

This child clearly saw that it was the adult foster carers who were more likely to be consulted about the matter. Another participant also reported that she was asked when it came to contact with her brother but never when it came to contact with her parents. A nine year old boy also noted that though social workers had asked him about his wishes, they never used techniques as employed by the researcher:

*Like this never. Like this they never did to me.*

Conner age 9

One adolescent interpreted the questioning of social workers about contact arrangements as pestering:

*They stay putting their nose where they should not. I do not know. I did not want to establish contact with my sister and they kept on asking me all the time whether I wanted to establish contact with her. And they really used to blow off my temper.*

Jeremy age 17

Finally, it seemed clear that, though children were open to social work input on the matter and somehow expected the right approach to the subject, they were reluctant to accept forced contact. Children wanted to decide about contact but never to be forced against their wishes, as can be identified from the following extract:

*Yes because I want to decide whether to meet them or not, only I. As they say there is only one thing where you have no option and that is death anything else no, anything else no.*

Elwanda age 13

## **Salient Points**

### ***Contact persons***

- Children reported that they were mostly in contact with their siblings.
- Contact with mother and father was reported in less than half of the child participants.
- Contact with the extended family also took place.
- The results corroborated findings from the survey study of social work case files.
- Children reported a desire for an increase in contact with siblings.
- For some children contact with parents would only be in order to have their questions answered.
- There was no wish to increase contact with the extended family over and above that currently in place.
- Apart from contact with biological family members, children also wanted contact with friends and pets.
- A minority of participants wanted to maintain the *status quo* in their contact experiences. They feared changes.

### ***Mode of current and desired contact***

- Twenty one children had face-to-face contact.
- Other means of contact were reported. These were to a lesser degree.

- A few children also thought about contact visits with their family members.
- Twenty children preferred face-to-face contact.
- Other modes of desired contact including telephone contact, email, chatting, text messaging and letters/photographs/video were also reported.
- Indirect means of contact such as thinking about family members and social worker acting as a go-between who kept them informed of the situation were noted by participants.

#### ***Patterns of contact***

- Contact experiences varied in frequency.
- Contact experiences ranged from the most frequent that is on a daily basis, weekly and fortnightly to monthly, every quarter and annual basis.
- No particular pattern of contact frequency was identified. Contact frequency depended on the arrangements available with siblings, parents or the extended family.
- Nonetheless, children expressed their wish to have more contact with siblings.

#### ***Feelings about contact***

- Children reported that contact was important to them.
- Contact with siblings generated enthusiasm.
- Contact generated a positive response but also aroused a range of feelings namely: eagerness, happiness, shyness but also ambivalence and anger.



- In general children saw desired contact as something delightful and important.
- Other participants noted that contact with family members should be considered as something normal.

***Preparing for contact***

- Half of the participants reported that they were not prepared prior to contact experiences.
- The remaining children were either prepared or did not recall.
- Foster carers and siblings played a significant role in preparing children.
- In the advent of contact, child friendly methods were recommended.
- Contact preparation was not identified as useful when contact with family members was already well established.
- The majority of children did not express favourable views about professional contact preparation.
- Children saw the relevance of professional contact preparation in some circumstances when it came to contact with parents from whom they were estranged.
- Social workers ascertaining children's wishes.
- A significant number of children noted that they were never asked about their desired contact but a minority were asked.

***Children as decision takers and social work practices***

- Most of the children reported that they were not the decision takers when it came to contact arrangements.
- Some did however note that some involvement occurred.

- Other children felt in control when it came to decision taking about contact arrangements.
- Although some children were either involved or felt in control, professionals and carers were also involved.
- One child identified a change in practice from no involvement in decision taking to now being the one who decided.
- Children did not want to be forced against their wishes into making or establishing contact.
- Children were either unaware why they were not asked about their desired contact or else put forward the following reasons:
  - o social workers had fixed ideas and so were not ready to ask what children wanted;
  - o there were no problems with current contact;
  - o social worker's turnover; and
  - o children avoided any discussion about the matter.
- Children also reported that they expected a better approach in the way the subject of contact was tackled by social workers.

### **Discussion of Findings**

In the following sections, a discussion of findings about children's contact experiences and their desired contact is presented. The discussion focuses on the following themes: contact persons and the significance of contact to children, the mode and frequency of contact and preparation prior to contact and children's involvement in decisions about contact and social work practices. Findings are discussed in relation to results presented earlier in

this thesis (see Chapters 5, 7, 8 and 9) and the other research (see Chapters 2 and 3).

### ***Contact Persons and Significance of Contact***

All child participants, except one, placed their family of origin in the Ecomap - Experiences of Contact. As outlined above, the adolescent who did not place his family of origin did include members of the foster family. It should be noted that this particular adolescent had been in the current placement for several years. Similar results were found by Gardener (1996). This author argued that a number of children who resided in long term foster care excluded members of the birth family in their family representations and often included members of the foster family.

Siblings feature as the persons with whom children were most in contact. Contact with the mother followed contact with siblings. There was contact with the father in a minority of cases and this was in fewer cases than where there was contact with the mother. These results further support the research findings of the survey study (see Chapter 5) and other parts of the intensive study of contact (see Chapters 7 and 8). However, somewhat differently from the survey, in the ecomap, children reported more contact with the extended family, including aunts and uncles and grandparents.

Children did not generally talk with enthusiasm about contact with parents. As already noted in Chapter 9, children also expressed negative views when hypothetical situations about contact with parents were presented to them.

Pain and anger were often expressed when contact with parents was discussed. This can possibly be understood in terms of the children's past experiences and reasons for entry into care. Child participants were all under a care order and so their entry within the care system was not a straightforward experience. On the other hand, children tended to appraise contact with siblings and the extended family positively. Similar results were obtained when children expressed their views about the hypothetical situations representing contact with sibling and grandmother (see Chapter 9). Contact with siblings and grandmother were generally experienced as non-threatening and positive.

When the second ecomap (see Appendix IV – Visual Spatial Techniques - Ecomaps, Desired Contact) was presented to children, they mostly singled out their siblings when they were asked with whom they wanted to have contact. Children requested more contact with their siblings. Cleaver (2000) noted that a number of children in her study wanted to have more contact with other relatives apart from their parents. Similarly, Walker *et al.* (2002) reported that parents were not the only family members who mattered for children. The findings in this study suggest that relationships with siblings are very important to children and this should be recognised by professionals.

Contact with parents also featured within the results. Despite children reporting negative views about contact with parents (Chapter 9) and not talking enthusiastically about their contact experiences with them, they still

wished to have contact with parents. Children wanted to establish contact with parents because they had questions, which they wanted their parents to answer. Children's questions targeted issues such as parents' decision not to look after them. Implicitly the theme of rejection re-emerges and somehow children expected an explanation. These findings raise issues about the importance of children having explanations of what has happened to them so they can make sense of their experiences.

Child respondents were mostly satisfied with the current contact they had with their extended family. However, children wished to have contact with friends and, in one case, a pet. The significance of friends has been reported in other studies of looked after children (see Aldgate & McIntosh, 2006b). Studies have also reported the importance of animals to children (for example, see Cleaver 2000). The child in this study who wished contact with a dog identified with this animal and personified it. In describing this desired contact with a dog, this adolescent seemed to be wanting to use the dog as a vehicle to describe the benefits of his foster care experiences. The therapeutic use of animals as a vehicle of communication is well known (see Dobbs, 1990).

Other children did not wish to have any changes in their contact and wanted to keep contact as it was. These children were simply satisfied with the current arrangements but the finding may be related to children's fear of change, as one adolescent confirmed. Changes were a familiar part of the lives of many of the children in this study. As pointed out in Chapter 7,

some children had experienced other placements and so their wish to keep the *status quo* and not deal with other changes may well be connected to their past experiences. The findings tend to suggest that, when finally children reached a plateau of stability in their life they may very much have wanted it to remain.

Contact generated different emotions and different children attached different meanings to contact. For some, contact was seen as an enjoyable experience, some were very excited before contact occurred but others were saddened. Child respondents also felt shy about contact particularly if they did not have frequent contact with the persons involved. Moreover, one child saw contact as the link with one's family and roots. This theme of contact as the link to one's roots reinforced the research about socio-genealogical connectedness as the bridge to gain knowledge about one's identity (Thoburn *et al.* 2000; Owusu-Bempah, 2006) and confirmed findings in other chapters of this thesis (see Chapters 8 and 9).

Children were mostly happy if contact resulted as they wished. Contact generated positive feelings and children saw it as a means to establish the link with their birth family. Contact brought connectedness to families and was a means of gaining knowledge and developing identity (Owusu-Bempah, 2006, 2007 & 2010). When 'desired contact' generated negative feelings, it was mostly apprehension, for example, apprehension about meeting one's parents, whom the child did not know. In a nutshell, findings from the visual spatial technique – Desired Contact, showed that children

wanted more contact and that contact was generally something positive. The findings support the view that contact can be a bridge to the development of a sense of identity (see Chapters 8 and 9).

### ***Mode and Frequency of Contact***

Most of the children reported physical contact as the main mode of contact. This mirrors other research findings (Cleaver, 2000; Sinclair *et al.* 2000; Farmer *et al.* 2004). Moreover, this result supports the survey findings (see Chapter 5) and the intensive study's findings (see Chapter 7). Other modes of contact such as telephone conversation or chatting, though featured within the study, took place much less frequently.

Physical contact was the preferred mode of contact. It was not possible to tell how much children's wishes to have physical contact related to what they were familiar with, their actual experiences, or whether this really was what they would subscribe to most. Only one child preferred telephone conversation instead of face-to-face contact. In this case this was somehow understandable. This girl saw herself as belonging more to her foster family and somehow wanted to make use of a medium which distanced her from her birth family but still kept her informed and connected with them.

Children also reported wishing to have other modes of contact. The more recent technology such as email, chatting and text messaging featured in children's wish list of modes of contact. Indirect means were also reported. It may well be that, as children adopt these methods more widely, they will

become an important source of keeping connected with family. Certainly, the development of social network sites suggests there is potential in exploiting this medium more. Symbolic indirect expressions of contact, such as having thoughts about family members featured in the study. This is an area that those skilled in direct work with children could use to good effect.

Children also subscribed to having a social worker involved to act as a go-between them and their family when they were not in direct touch with parents and others. The social worker was the liaison between them and the family of origin. Children showed maturity in relation to what was possible and wanted their social worker to be involved when they realised that other means of contact could not materialise. Moreover, children adopted a cautious approach in circumstances whereby they had not been in contact with a particular family member. Contact with such persons was reported to commence through indirect means and only if they decided to proceed further to direct means such as face-to-face contact. Children showed that they were very much aware of what could be harmful to them (see also Chapters 9).

In addition, whilst some children experienced contact regularly, others did not have such experience. Frequency of contact mostly relied on availability of persons and the professional practice. This is of some concern. In the absence of a legal framework about children's rights in the Maltese Islands (see Chapter 3), children's contact experiences and their frequency are at the mercy of circumstances. As things stand, professionals do not have the legal



tools to support them in their endeavour to increase contact between children and the family of origin. By contrast, in England and Wales, the *Children Act 1989* had an impact on professional practice and the frequency of contact increased following the introduction of this Act (see Cleaver, 2000; Sinclair *et al.* 2000). The findings of this study raise issues about the state of children's legislation in the Maltese Islands in recognising the significance of contact for children.

No specific frequency pattern emerged when children were in contact with their family of origin. On the other hand, children were clear what pattern they wanted, in an ideal world. First and foremost, children subscribed to more frequent contact with siblings namely: twice a week, weekly and monthly. An increase in contact frequency with siblings is not unexpected since, as already outlined in this chapter (see p. 328), in their actual day-to-day lives, children saw their contact experiences with siblings as enjoyable and believed that such contact was non-threatening.

Children wanted contact with parents but not an increase in its frequency. As discussed in the previous sub-section, contact with parents was seen as a means of addressing unresolved issues rather than valued for spending time with parents. Through meeting with parents, children could also keep abreast of any developments in their family.

***Preparation, Involvement in Decisions and Social Work Practices***

The issue of preparation by social workers was also discussed with the children by the researcher. Whilst some children acknowledged that they were prepared, a significant number of child participants noted that no preparation occurred. Moreover, on certain occasions, siblings or foster carers prepared children for certain contact visits. It seems inappropriate to place the responsibility for this preparation on these relatives. It was also unhelpful since some children reported painful experiences and themes of rejection when contact with parents was highlighted (see Chapter 9 and Chapter 10, Sections: Contact Persons, p.328 and Significance of Contact, p.340). Gaps in social work intervention were clearly identifiable in one case. In this instance, only minimal preparation of both child and adult occurred and as already identified in Chapter 8, the child concerned was traumatised by the experience of contact with an extended family member. It was noteworthy that children suggested child friendly methods, (also reported by foster carers in Chapter 8), when contact preparation was discussed.

In Chapter 8, foster carers noted that both they and children were involved in decisions about contact arrangements. When children were asked about their involvement in decisions regarding contact, child participants confirmed that, whilst they were not the decision makers, they were involved. This result is positive and gives credit to the social workers involved. It also shows that, despite the absence of a legal framework

targeting children's rights, social workers still do their utmost to work in the best interest of the children.

Similar to other studies (Cleaver, 2000) Maltese social workers actively sought to involve children in decisions about contact arrangements. In addition, despite the fact that most children were not the decision makers, some older children did report that they were left free to decide and so they started making decisions about contact. This echoes the findings of Beek & Schofield's (2004), who noted that, when children grew older, they became the decision makers about contact with the family of origin.

Children were well versed in what they wanted. This study clearly marks how a child-led perspective can provide insights into developing child-led services. For example, some participants saw contact preparation as significant but their argument came with reservations. In general, children were not in favour of contact preparation, defined by the children in the traditional sense: that the social worker directly discusses with the child contact. This view may well reflect the children's actual experiences. Few children had experienced child friendly techniques and indeed, one child commented on this to the researcher.

In this chapter, it was suggested that there should be a development of child friendly methods within social work. So whilst children's wishes about contact preparation should be considered, this was based on what they knew. Literature on direct work with children (see, for example, Aldgate &

Simmonds, 1992; Winter, 2009) urges professionals such as social workers to be open to new methods and ways in tackling the subject matter. Children in this study have made it quite clear that they will not be in favour of contact preparation if this occurs in strictly traditional ways. In addition, social workers should sensitively grasp when contact preparation is required and with whom. Not all contact needs preparation.

The experience of asking children what were their wishes about contact was one of the most enriching to the researcher. Initially, the researcher was uncertain about delving into the subject matter and focusing on children's wishes about contact. This seemed to be a Pandora's Box. In reality, extremely useful views emerged and though, at face value, some seemed to be negative, in actual fact there was a deeper truth to them. It was indeed a learning experience. Social workers need to be open to this experience to help them learn about the effectiveness of their interventions: what should be changed in their interventions and how they can reach out to children. Despite the knowledge gained by social workers through professional training, children remain the most knowledgeable about contact, its experience and its arrangements.

## **Conclusion**

This chapter has recounted children's experiences of contact. The findings clearly showed that children were mostly in contact with siblings followed by contact with their mother. Contact with siblings and the extended family was positively appraised, whilst contact with mother and father did not

generate as much enthusiasm. Contact was also seen as a link to one's family and access to one's roots. Face-to-face contact was most prevalent but frequency of contact varied. In most occasions, children were not prepared for contact but they were involved in decisions taken about contact. The results obtained corroborate findings found in other chapters of this thesis (see Chapters 5, 6, 7, 8 and 9).

This chapter also focused on children's wishes about contact. The findings showed how knowledgeable children were about contact. They were not passive actors in the situation but had a mind of their own and expressed their views about contact and its arrangements. Increase in contact was requested. However, they proposed qualifications to the mode and frequency of contact. Change in social work practices was advocated.

The intensive study of contact was developed on the basis of different data collection methods used with child participants and interviews carried out with foster carers. The clear message which has emerged from this part of this thesis, is that, as much as contact could be an enjoyable experience, in reality it is not always an easy experience. Moreover, if social workers listen to children, they will have a firm role in contact arrangements and will be in a better position to support them in contact arrangements.

In the next and final chapter, Chapter 11, recommendations for practice and policy are presented. Recommendations are developed on the basis of this

thesis' findings with the aim to promote children's rights and to contribute to social work practice development, amongst others.

## **CHAPTER 11**

# **CONCLUSIONS AND RECOMMENDATIONS FOR PRACTICE AND POLICY**

## **Introduction**

This thesis has been about the care careers and the contact between children in foster care in Malta and their families. It addresses the role of the family and how significant family is to children. This chapter draws out the conclusions obtained from both the survey study and the intensive study of contact described in the thesis. It summarises the main findings about fostered children in Malta and contact arrangements with the family of origin. The chapter then describes a practice model of contact, which has been developed from the findings.

## **Foster Children's Care Careers**

The survey study showed that Maltese children in foster care tend to have experienced personal and familial adversities. Generally, children had been in the care system from a young age and were in care on a long-term basis. Similar results were obtained in the intensive study of contact, which further corroborated this evidence.

A high percentage of the study children were in voluntary arrangements and looked after by kinship carers. By contrast, the smaller number of children, who were fostered under a care order, tended to be in non-related care. In general, children were likely to enter the care system as a result of parental difficulties, which inhibited parents from caring for their children.

In Malta child care is seen as the role and responsibility of parents and children are often considered as part of their parents' belonging. When



parents fail to care for their children, this is viewed as a personal failure and as something that has to be resolved within the family, when this is possible. Consequently, parents are more likely to opt for kin care where they cannot care for their children themselves. Putting children in strange foster care is not easily accepted, as it emphasises the sense of failure. Non-related foster care is not a natural option.

Other findings of the study show that care order children had experienced more placement moves, which led to a lack of permanency. Similar results were identified by the intensive study of contact. On a positive note, children's moves into their current foster placement occurred as a result of planned transitions.

### **Wellbeing and Siblings**

Both the survey study and the intensive study showed that when children were placed in foster care, they were separated from their siblings. Same sibling placement was uncommon in practice mainly because the majority of the siblings were still living in the family. The intensive study also reported that children were concerned about their siblings who were living in other placements.

### **Contact with the Family of Origin**

#### ***Contact Persons, Mode and Frequency of Contact***

Despite the experience of long term care, the Maltese cohort and child participants of the intensive study were still in contact with their family of

origin. Contact tended to take place on a face-to-face basis. The intensive study of contact reported that contact also resulted through the use of telephone and more recent technologies (chatting, text messaging and emails), which children liked. Children also talked about symbolic contact (having thoughts about their family). The most frequent contact was with siblings, followed by mothers. Contact with the father and members of the extended family was much less. Whilst kinship care facilitated contact between the child and other family members, children in stranger foster care had more limited contact.

Children and foster carers reported that frequency of contact depended on the availability of those involved in the contact together with the way professionals organised professional practice. Children wanted an increase in the frequency of contact with siblings. They were less concerned about increasing contact with other family members.

### *Challenges to Contact*

Despite foster carers' expressed belief in the value of promoting contact between children and the family of origin, some still held ambivalent views about contact. They believed that contact should be promoted but not in every case. Parents and the extended family members were singled out as negative influences whilst sibling contact was held to be more positive.

These views were amongst the main challenges to contact. The intensive study showed that some children felt trapped between two families and were

finding it difficult to reconcile living in a foster family and having a birth family. One barrier to contact was the attitude of foster carers, who could help children keep contact more easily if they expressed a more accepting, tolerant attitude towards parents.

### ***Social Work Practice***

Social work practice was variable. The intensive study results showed that children and foster carers were consulted by both social workers and the body which is responsible in monitoring children's care plans, the Children and Young Persons Advisory Board. Children made a distinction between being decision makers and being involved. They mostly saw themselves as being involved but older children sometimes saw themselves as the decision makers of contact arrangements.

Looked after social workers went to considerable lengths to help out and establish contact arrangements, which were suitable to both children and foster carers. Problems resulted from the high turnover of social workers, which influenced the outcome of foster arrangements. Additionally, some social workers did not support children in establishing contact with family members. When children felt let down by professionals, hasty decisions were taken by children and contact with family members was sought which led to further rejection.

The findings suggest that children's social workers should move away from traditional methods adopted with children and adopt child friendly methods

to elicit children's views about contact. Social workers were perceived as the key persons significant in establishing contact between the children and their family of origin. Children were also realistic about the difficulties in finding family members. The multiple role of the social worker as supporter of child, family and foster carers, was a disadvantage, which children noted.

### ***Contact and Children's Perspectives***

Children desired contact as it was seen as a means to making family connections, and increasing knowledge and understanding about their families, even if contact was not face-to-face. Children identified siblings as a source of information and saw their siblings as able to answer their questions about their origins. Children also reported the role of the extended family as a source of information.

### **What the thesis identifies about contact**

In conclusion, it can be argued that contact is not about preparing a child to return to the family home but is about connecting a child to the family of origin, which may or may not lead to the child's return. When a child is connected to the family of origin, this helps to sustain the child's identity. Careful attention needs to be given to the children's emotions when considering contact. There are ways and means how this can be done. Contact should not be confined to the traditional mode of physical contact. Though this may be most desired by children, in reality it may not be the most beneficial or most appropriate mode with some contact persons. Fostered children are quite aware of this.

Without undermining the fact that it is time consuming for social workers to undertake contact arrangements and that one has to keep a vigilant eye on its dangers, social workers should listen to what children are saying about contact. Contact is a right for children and their families (UN Convention on the Rights of the Child, 1989). The issue is how contact is defined.

As a result and in view of these findings, this thesis contributes to research about contact beyond the local practice. It draws out the importance of sibling relations. Whilst most contact studies underline the importance of parental contact, this thesis puts the role of siblings to the forefront. It adds to knowledge about the significance of siblings to children who are separated from each other.

This thesis also contributes to existing knowledge by reporting other significant results. The study found that there was no significant association between contact with mothers and educational attainment. By contrast, in cases where contact with the father was present, there was a negative association between contact and educational attainment. Contact with the father was unlikely to contribute positively to the children's educational attainment. It is not clear exactly why this association occurred. It may relate partly to the very specific role that the mother has in encouraging educational attainment in children. It may also be that the particular children in this study who had contact with their fathers had a bad start in school because of their circumstances and so attained poor academic results. It was beyond the scope of this study to investigate the reasons further. In order to

understand this finding properly, it needs to be explored in more depth. It would also be interesting to see the finding tested in other cultural contexts.

Secondly, the study suggested that lack of contact with the mother may be beneficial for children's emotions and behaviour. On the face of it, this finding seems contrary to theories about the impact of contact on children's wellbeing. When contact with mother occurred, children expressed negative emotions and behaviour. What the finding suggests is not that contact per se is detrimental for children but that there may be some cases where indirect contact is more beneficial. In this study, physical contact may not have been the best contact option for all children. This finding, as with the one relating to fathers, warrants further investigation.

This thesis also identified how significant contact is to children's identity. Children in contact with the birth family are given opportunities to develop their identity. In this study, children expressed how important siblings were. They saw them as a link to their roots contributing to their identity development. This finding reflects findings in other contexts, such as the UK and USA (see Harris & Lindsey, 2002; McDonald *et al.* 1996; Owusu-Bempah, 2006; Thoburn *et al.* 2000).

Finally this thesis also draws out the importance of placing children's wishes about contact at the forefront of discussions with them. In this respect it reinforces the growing rights based approach that has increasingly underpinned practice in the UK (see for example, Scottish Government,

2008, a publication on children's rights, written for children). Ultimately children's wishes about contact should be considered to ensure their wellbeing is addressed so that there will be a positive outcome for them.

The rest of this chapter draws recommendations from the conclusions on how contact and its arrangements can be made more beneficial for children's wellbeing. In the light of the current climate and based on the evidence from the findings of this study, this thesis now concludes by outlining a practice model for contact. The proposed model is very much dependent on social workers and their work with children and foster carers.

### **A Practice Model for Contact**

Developing a practice model for contact is not a straightforward endeavour. A fundamental principle is that it must be based on a clear understanding of contact arrangements and their significance for fostered children. The practice model for contact not only targets practice; it also underlines relevant key policies and service development affecting contact.

#### ***The Purposes of Contact***

A starting point for the model is to understand the purposes of contact. There are several purposes for contact. First, as suggested by the findings of this study, contact contributes to children's sense of identity (see Chapters 8, 9 and 10). Foster carers and children subscribe to the idea that contact provides children with knowledge about their roots.

Second, keeping connected also means that when children grow older they have other family members they can rely on for support (see Chapter 8). These same family members can also be a source of information and facilitate children's identity development (see Chapters 8 and 9).

Third, contact is a key process contributing to children's psychological stability. For example Owusu-Bempah (2006) suggests that, in the absence of proximal relations, knowledge acquired about the genealogy of a child contributes to psychological stability. This stability is reached once children have acquired positive knowledge and processed this knowledge.

### ***A Range of Options for Contact***

As suggested by the findings of this study, contact is predominantly a physical face-to-face experience (see Chapter 5, 7 and 10). When contact occurs, this is most commonly a meeting between fostered children and other family members. It would be helpful if social work practitioners and the judiciary subscribed to a wider range of options for contact so that children who cannot see their families can still feel connected. The proposed model includes a range of contact based on the principle of adopting the mode that works best for the individual child.

### ***The Modes of Contact***

The different modes of contact were discussed in detail earlier in Chapter 2 (see Section: What is contact? p.16). There is direct contact which includes face-to-face contact but also exchange of letters, photographs amongst



others. Thinking about other people or other symbolic contact are indirect contact modes. The study findings suggested that all the various modes of contact should be available to children. The modes of contact for an individual child will depend on the child and family's circumstances and wishes.

For some children, where relationships between family, child, foster carer and social worker work well, and the aim is to keep the child connected to the family, face-to-face physical contact, providing it is well managed, can work well. This does not preclude other modes of contact, such as keeping in touch by phone, texting or letters/emails or 'symbolic contact'. These modes may, in some cases, enhance physical contact.

In this study (see Chapter 10), although children predominantly subscribed to face-to-face contact as their preferred mode of contact, the study found (see Chapter 9 and 10) that different direct or indirect forms of contact, such as social networks, text messaging, emails, video clips and photographs, seem to work for children.

In some circumstances, it may not be appropriate to have physical contact but other modes of contact will be desirable to safeguard a child's sense of identity and wellbeing. These include what may be described as direct and indirect contact (see Chapter 2), as well as symbolic contact.

Direct contact establishes physical connections. Whilst direct contact with siblings can be promoted and is requested by children (see Chapter 10), keeping in touch with parents can sometimes be more appropriately achieved through indirect means such as social workers sharing information they have acquired about the family or experiences related to children by siblings and other members of the extended family (see Chapter 9 and 10).

Symbolic contact in the form of knowledge about family and origins is an important indirect mode of contact. This was explored in the thesis, drawing on the work of Owusu-Bempah (2007), who includes favourable knowledge acquired by children about their genealogical connections as a positive source of contact (See Chapter 2, p.18).

In summary, therefore, fundamental to the proposed practice model for contact is the idea that there is no one hard and fast rule of how contact should be defined and achieved but social workers need to keep an open eye to which modes work best for the individual child.

### ***Promoting a Child Protection Approach***

What works best for the child should also include a child protection approach. The proposed practice model of contact starts, therefore, from the premise that contact should always take place within a child protection framework. This suggests that when practitioners are thinking of contact arrangements, particular attention should be directed towards elements that safeguard children. As suggested by the findings, child participants (see

Chapters 9 and 10) have reported the importance for children to be safeguarded.

Two elements of contact arrangements, namely supervision and venue, are particularly significant in this model of contact promoting a child protection framework. The findings report (see Chapter 5) contact is likely to be supervised when children are under a care order. Other children and particularly children cared by kin carers were least likely to be supervised when physical contact resulted. This study highlights the need to assess these unsupervised visits in relation to the impact they are having on children.

In some cases, social work practitioners have taken remedial actions and have encouraged other family members to supervise these visits. These actions were not favourably evaluated by foster carers in the study (see Chapters 7 and 8). Recognising the antipathy of foster carers towards such arrangements, this study suggests that a conflict of interest should be prevented at all cost. Family members should be prevented from supervising other members of the family. This is likely to prevent unnecessary family discord and, most importantly, promotes measures that safeguard children from harm.

Apart from supervision, different venue options should be identified in order to support a child protection framework for contact. Child friendly venues were identified by foster carers and discussed in this research (see Chapters

7 and 8) as the venues most likely to be enjoyed by children. They include places which facilitate children's interaction with family members. These could be playing fields or environments likely to be used by all families. Child friendly venues will ensure that children feel comfortable but will not compromise the issue of children's safety. Social work practices likely to subscribe to a practice model of contact promoting a child protection framework will ensure that the selection of venue takes into account children's feelings of being safe and their safety.

### ***Influencing Social Work Interventions***

The proposed practice model of contact places the responsibility for effective contact experiences on social work practices. There are a number of things social work practitioners can do to promote effective contact.

### ***Questioning the Role of the Social Worker as Representing the Service Users' Views***

The social work practice of the same worker representing jointly the views of children, foster carers and/or birth parents, rather than involving a single social worker for each participant, needs to be reviewed within a new practice model of contact. Some child participants in the study expressed their concern about social workers representing them and their birth parents. As a result children grew distrustful of social workers and felt unprotected (see Chapter 9).

The proposed model of contact subscribes to the idea that effective social work practice can result when children, families and foster carers are represented and supported by different social workers (see Chapter 3). Although this may engender some robust debate between different parties, it will mean that social workers are prevented from having a conflict of interests and children's best interests are safeguarded. The children's social workers will be in a better position to promote the most appropriate contact when they only represent the children. Primarily, their role will focus on promoting contact that best serves the children's best interests.

### *Training of Foster Carers*

A major aspect of service change that needs to take place is the training of foster carers. Whilst foster carers have received some training on the needs of children and how to handle behaviour problems (see Chapter 8), the content and delivery of the training needs to be augmented. One way forward, suggested by Gilchrist & Hoggan (1996) is the possibility of involving birth parents in delivering fostering training. Such an approach would radically alter the tenor of fostering training. Training would be required to address foster carers' ambivalent views about contact with birth parents (see Chapter 8). As suggested in Chapter 2, when foster carers are positive about contact, they promote contact and support children even during difficult contact situations.

***Adopting Child Friendly Methods of Working with Children***

Another change in practice, likely to promote effective contact, is the adoption of child friendly methods by social workers. More often than not, social workers adopt very traditional methods of communication i.e. they ask children directly about their views, including views of contact. Whilst in principle this is positive: listening to children's voices is, for example, underlined by the UN Convention on the Rights of the Child (1989), the means are questionable because children may give answers aimed at pleasing or appeasing social workers rather than being honest. Children are likely to respond by saying what they think the social worker wants to hear. Contact with family members is a very sensitive subject and asking directly is often not very helpful to find out what children really think. As suggested by the research findings (see Chapter 8 and 10) children preferred other methods, especially those which helped them express themselves and consequently facilitated their communication in talking about contact.

The proposed practice model of contact proposes the introduction of more child friendly methods. These could include some of the methods employed in interviewing children in this study. By getting children to interact with child friendly materials, there is more opportunity for them to express what they honestly think, without feeling the need to please the interviewer by answering direct questions. Such techniques would greatly improve the communication with children.

It is the right of children to be involved in decisions about contact and supported in contributing to such decisions. Child friendly and age and stage appropriate techniques are essential to help children of different ages be truly involved in decision-making. Furthermore, once decisions have been made, children need to be prepared for the most appropriate types of contact that have been agreed. In preparation for any type of contact, social work interventions should adopt child friendly approaches. As discussed in Chapter 10, preparation is not required on each and every occasion but when new contacts are likely to materialise, the social worker should always prepare children and foster carers appropriately.

Helping children make sense of contact is a further area where social workers can help children. For example, life story work is an effective method, which can help children make sense of contact experiences, request new contacts and prepare for contact experiences (Camis, 2001).

### ***The Social Worker as a Broker of Contact***

In this thesis (see Chapter 9 and 10) child participants reported the importance of the social worker involvement in co-ordinating face-to-face contact visits. Social workers can act as the liaison point between children and other family members. Mainly the role of the worker will involve relaying information between children and other family members about arrangements. The social workers will act as the go between. This is different from the social worker acting on behalf of all parties concerned as discussed above. It is rather a genuine mediation role.

### ***Improving Policy and Service Development***

Other than direct social work input between individual social workers and children, the proposed model of contact suggests that there are elements of policy and service development that need to improve before there can be better contact experiences for children. Once these are in place, they will translate into better social work input.

### ***Reducing Social Work Turnover***

One major issue in this study is the turnover of social workers. The study found that social work turnover was associated with ineffective contact experiences (see Chapter 9). Whilst staff turnover cannot be completely eliminated, a policy subscribing to stability in social work posts fits more appropriately with a model of contact promoting effective contact experiences that are in the best interests of children.

When there is a high social work turnover, children are faced with having to relate their experiences and wishes about contact to different workers. The burden for relaying information is placed unfairly on the children. Gaps between social workers handing over have sometimes resulted in important information not being shared between social workers. The study findings suggested that this had negative consequences for children through poorly thought through contact experiences (see Chapter 8 and 10). Stability and a decrease in social work turnover are, therefore, essential components of a model of contact that will foster effective placement experiences.



### ***Same Sibling Placements and Connecting Siblings***

Another major gap in policy is the lack of attention that is given to same sibling placement. This study reinforced the findings from the research on the importance of same sibling placement and the tendency in practice not to pay attention to the importance of same sibling placements (see Chapters 3, 5 and 7). When same sibling placement is not possible, contact between siblings should be given priority. Whilst the UN Convention on the Rights of the Child (1989) underlines the importance of contact with parents, the findings of this study (see Chapter 10) suggest that not only are parents important to children but siblings and other family members are significant.

The findings from this study suggest that when siblings are placed together, contact is maintained automatically, recognising the value of focusing on children's connections. Thus, the proposed practice model of contact would include an emphasis on placing siblings together and training foster carers to recognise how important this is. It is timely that same sibling placement is translated into policy and practice. If siblings cannot be together, the practice model emphasises that contact between siblings should be maintained.

### **Conclusion**

Contact confronts children with the experience of managing two families. This is no easy task for children. Some children feel torn between two families without the possibility of negotiating membership with both birth and foster family. There are ways to support children in keeping in contact

with their families. The practice model of contact suggests how this can be done. Improvements in social work practices, policy updates and service development can help children in this task. If practice and policy are receptive to these issues, children's needs can be safeguarded and sensitively targeted.

The research presented in this thesis has strongly recognized the importance of contact. Children in the care system themselves are very aware of the value of contact. Contact need not necessarily be face-to-face or exclusively be with birth parents and contact with siblings and the extended family should be encouraged. Siblings and extended family members can be a source of information, which enhances children's identity development. When contact fails, there are first and foremost implications for children's long term welfare. Everyone should be concerned about these implications because:

‘when family relationships fail to improve, care leavers are particularly isolated and dependent on social services, an outcome which also has cost implications’ (Cleaver, 1999, p.261).

It is the responsibility of the social work services in Malta and elsewhere to ensure that such outcomes do not happen. The vulnerable children in the care system deserve the best possible services to give them the opportunity for better long term outcomes.

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Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

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## **Appendices:**

## **Appendix I:**

### **Key Players**

### **Interviews with Key Players**

The developments of Maltese foster care were also captured by means of oral data. Eight key players were interviewed, (referenced as Sources A, B, C, D, E, F, G/H). These key players were involved either with the statutory entities or non-government social welfare services. Amongst the different key players, one was previously a foster carer; the other key players were ex-directors or were currently pivotal in the delivery of fostering and residential services. A brief description of the role of each key player is provided.

Source A: A retired Director of the Department of Family Welfare

Source A was an ex-director of the Department of Family Welfare. She started off as a social worker and received social work training in Malta. She practised social work from the late 1970s. Initially, she worked as a generic social worker and contributed to developments of informal fostering. Later on she was significant in the setting up of specialised social work services.

Source B: A retired Acting Director of the Department of Family Welfare

He initiated his social work career, after finalising his training in the United Kingdom. During the mid 1970s, he practised as a social worker within a generic setting. Source B was also significant in developing informal foster placements arrangements.

Source C: Leader of Fostering Services, APPOGG

Source C is a leading figure within the current developments of Maltese fostering. His leadership has been influential in the development of formal

fostering. He introduced foster carers' training and is still very active within the delivery of foster care services. He has also been pivotal in the development of the *Foster Care Act 2007*.

Source D: Former Social Worker – Welfare Division

Source D was one of the first Maltese social workers who played a leading role in the developments of Maltese social work. She was amongst the first, during the early 1960s, who received formal social work training in the United Kingdom. Later on she took a leading role in the social work team within the Welfare Division. When interviewed, she provided a historical account of the issues leading to the development of care services, particularly fostering.

Source E: Social Worker within the Children's Homes Office  
(Uffiċju Ejjew Ghandi)

Source E has been a role model to other social workers within the non-government sector. Despite her direct involvement in residential social work services, she has supported and gave her contribution to the development of Maltese foster care.

Source F: Previous Foster Carer

Source F was amongst the first foster carers who were identified during the early 80s by the Maltese Children's Home Office (currently known as Uffiċju Ejjew Ghandi). She came first in contact with children in care and was later on lured into undertaking foster care as a result of her family involvement in voluntary work within a residential home.

Source G/H: Two nuns running a residential service

These two nuns contributed to residential care services in Malta. Despite their claims, of being in favour of fostering and advocates of a family life



for children, they have often been accused of opposing the development of fostering. They represent an interesting religious residential carers' perspective about the developments of Maltese fostering.

### *Procedure and Analysis*

In total seven interviews, one of which was a paired interview, were undertaken between September and December 2003. The interviews were conducted in different settings, namely: residential homes, personal offices or homes which best suited the key players. The key players were first contacted and asked for an appointment after an explanation was given on the phone about the purpose of the research. Upon arrival at the participants' offices and/or homes, the purpose of the study was explained again. Interviewees were provided with an informed consent that was signed by both parties. Each party kept a copy. Only two key players did not sign the consent form but still consented verbally to participate in the study.

The interviews lasted an average of two hours and were transcribed between January to April 2004. The interviewees were later sent a thank you letter, and a copy of the transcription was attached for their comments. Only one interviewee made contact to confirm that the transcription was faithful to the interview. The other participants did not respond. However, the researcher met informally some of the interviewees. During this informal encounter the participants acknowledged receipt of the letter and transcript. Each interview was read several times and a thematic analysis was carried out. This laborious exercise was necessary in order to grasp the spectrum of fostering developments in Malta, and to present the salient themes in Chapter 3.

## **Appendix II:**

## **Questionnaire**

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

**Questionnaire - Maltese Children in Foster Care**

Code Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age Now \_\_\_\_\_

Age Category:           0-2years,  
                              3-4years,  
                              5-9years,  
                              10-14years,  
                              young persons aged 15 years and over  
                              (Developmental ages as outlined within assessment forms)

Age when child first went into care \_\_\_\_\_

Age category when child first entered care:  
                              0-2years,  
                              3-4years,  
                              5-9years,  
                              10-14years,  
                              young persons aged 15 years and over  
                              (Developmental ages as outlined within assessment forms)

Age when child first came into current placement \_\_\_\_\_

Age category when child first came into current placement:  
                              0-2years,  
                              3-4years,  
                              5-9years,  
                              10-14years,  
                              young persons aged 15 years and over  
                              (Developmental ages as outlined within assessment forms)

Gender:           Male  
                      Female

Locality of Origin: \_\_\_\_\_

Ethnicity:        Maltese  
                      Mixed Parentage \_\_\_\_\_

Is the child disabled/learning difficulty? Yes/No

What type of disability/learning difficulty, if any? \_\_\_\_\_

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Current Legal Status:

Interim Care Order  
Care Order  
Court Order  
Voluntary agreement

Type of Care:

Non-related care  
Kinship Care  
Social Contact Care (Individuals previously known to  
the child but who are not related)

Date of Entry in Care: \_\_\_\_\_

Reasons for entry into care:

Child issues \_\_\_\_\_  
Parental \_\_\_\_\_  
External \_\_\_\_\_

Choose one of the reasons:

Child Issues:

- Emotional and Behavioural Problems
- Substance Misuse: Drug Misuse
- Substance Misuse: Alcohol Misuse
- Abuse/Neglect (As classified underneath)
- Behavioural Problems
- Mental Health
- Offending
- Disability
- Ill health

Parental Issues:

- No parents
- Mental Health
- Physical Illness
- Disability
- Family Under Stress
- Substance Misuse: Drug Misuse
- Substance Misuse: Alcohol Misuse
- Offending
- Single Parenthood
- Domestic Violence
- Rejection, estrangement from or  
collapse of family

External:

- Deprivation
- Substandard Housing
- Asylum seeking
- Pre-adoption

(Child Issues:

According to Schofield *et al.* (2000) abuse affected the placement situations:

- Physical Neglect
- Emotional Neglect
- Emotional Abuse
- Minor Physical Abuse
- Sexual Abuse (sexual contact)
- Sexual Abuse (exposed to acts/materials)
- Physical Abuse (Moderate/Severe)

Date of entry in current placement: \_\_\_\_\_ (If same as above please skip)

Number of days in current placement: \_\_\_\_\_ (Until 31<sup>st</sup> March 2004)

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Length/Type of Placement:

- Short Term
- Intermediate
- Long Term
- Respite
- Specialist Fostering

Length in current placement:

- Under eight weeks
- Eight weeks to six months
- Six months to one year
- One year to Two years
- Two years to Five years
- Five years and over

Any previous placements?      Yes/No

If yes, what type of placements?      Fostering  
Residential Care  
Residential/Fostering

Total number of days in care \_\_\_\_\_ (If same as above please skip)

Number of placement moves (care episodes) in care career \_\_\_\_\_

Reasons for last move:

- offending behaviour
- behavioural problems
- problems with foster carers children
- planned transition
- unplanned move by carer
- unplanned move by parents
- request from child
- request from residential care service
- request from foster carers
- family breakdown (biological family)
- family breakdown (foster carers)
- change of social worker
- pre-adoption

# Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

## History of Care Episodes

Age in Placement	Duration of Placement	How long were they expected?	Type of Placement (eg. Short-term, long-term etc...)	Reasons For Moving	What type of care has child been exposed to? Foster care/ residential

Please select from the underneath when filling above mentioned table:

Reasons for moves in the past:

- offending behaviour
- behavioural problems
- problems with foster carers' children
- planned transition
- unplanned move by carer
- unplanned move by parents
- request from child
- request from residential care service
- request from foster carers
- family breakdown (biological family)
- family breakdown (foster carers)
- change of social worker
- pre-adoption

Is child still in contact with the family of origin?

Yes/No

With whom is the child in contact? (Mark where applicable)

- mother
- father
- siblings
- grandparents
- aunts and uncles

# Connecting Children with their Family of Origin: A Study of Contact Arrangements for Fostered Children in Malta

Are there any specific details about the child's contact arrangements which are particular to the case?

How often does the child meet his/her family relatives? (Identify the person the child is in contact with)

None	None	None
Weekly	Weekly	Weekly
Monthly	Monthly	Monthly
6-8 weeks	6-8 weeks	6-8 weeks
3-4 months	3-4 months	3-4 months
Yearly	Yearly	Yearly

(Schofield *et al.* 2000)

Does the child meet under supervision?

Yes/No

Please identify the venue of child's meetings with family relatives?

How many siblings does the child have?

Are siblings placed together?

Yes/No

Are some of the siblings still at home?

Yes/No

Have some of the siblings been separately fostered or adopted?

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

Fostered: Yes/No \_\_\_\_

Adopted: Yes/No \_\_\_\_

Are there any other children within the fostering placement?

Yes/No

How many? \_\_\_\_\_

Who are they?

- siblings
- stranger children
- foster carers' own children

Does the child have a social worker from the Looked After Team?

Yes/No

Is any other social worker involved in the care planning of the child?

Yes/No \_\_\_\_\_

Any relevant comments about the child's health

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Any relevant comments about the child's educational attainment

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Does the child behave age appropriately and are there any emotional and behavioural concerns for the child? (Elaborate)

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Does the child's background match the foster carers' background?

Yes/ No

Give an explanation



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A Study of Contact Arrangements for Fostered Children in Malta

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What is the current average age of the carers?

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What is the ethnicity of the carers?

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## **Appendix III:**

### **Pictorial Vignettes**

**Vignette 1: *Maria writing to her brother John***

Maria, a ten year old girl is writing to her brother, who also resides in fostering.

**Vignette 2: *Jennifer meeting her social worker***

Jennifer, a fifteen year old teenager, is meeting her social worker during a home visit.

**Vignette 3: *Thomas is meeting his mum whilst in the presence of a supervisor***

Thomas, a five year old boy, meets his mum on a weekly basis whilst in the presence of a supervisor.

**Vignette 4: *Erika is meeting her dad for the first time***

Erika a seven year old girl, is meeting her father for the first time.

**Vignette 5: *Matthew is talking on the telephone with his grandmother***

Matthew, a seven year old boy is talking to his grandmother who he has not seen for a long time.

**Vignette 1: *Maria writing to her brother John***

A. Maria, a ten year old girl is writing to her brother, who also resides in fostering.

A1. Why do you think Maria is writing to her brother?

B. She is letting him know how she shall be spending her summer holidays.

B1. What activities do you think Maria will be doing during her summer holidays?

C. During summer, Maria will attend a summer school whereby she looks forward to establish new friendships. She will also go swimming and do plenty of other things.

C1. Do you think Maria will ask him, how he shall be spending his holidays?

D1. Do you think they shall be meeting during their holidays?

E1. Why do you think they should meet?

**Vignette 2: *Jennifer meeting her social worker***

A. Jennifer, a fifteen year old teenager, is meeting her social worker during a home visit.

A1. Why do you think Jennifer is meeting her social worker?

B. Jennifer is asking her about her family of origin (parents and siblings) who she has not seen for a number of years.

B1. Her social worker is writing down something. What do you think she is writing?

C1. Do you think Jennifer wants her to establish contact with her family of origin?

D1. Why do you think Jennifer wants this to happen?

E1. How can the social worker make it better for Jennifer?

**Vignette 3: *Thomas is meeting his mum whilst in the presence of a supervisor***

A. Thomas, a five year old boy, meets his mum on a weekly basis whilst in the presence of a supervisor.

A1. Why do you think Thomas meets his mum?

B. Thomas meets his mum to let her know how he is doing and so he also learns about her and his family members.

B1. What do you think Thomas tells his mum?

C1. What do you think is his mum telling him?

**Vignette 4: *Erika is meeting her dad for the first time***

A. Erika a seven year old girl, is meeting her father for the first time.

A1. Why do you think they are meeting?

B1. What do you think is Erika telling her father?

C1. How do you think is Erika feeling?

D1. What about her Dad, what do you think, he is telling her?

**Vignette 5: *Matthew is talking on the telephone with his grandmother***

A. Matthew, a seven year old boy is talking to his grandmother who he has not seen for a long time.

A1. What do you think Matthew is saying to his grandma?

Matthew wants to know about his grandparents and their other family members.

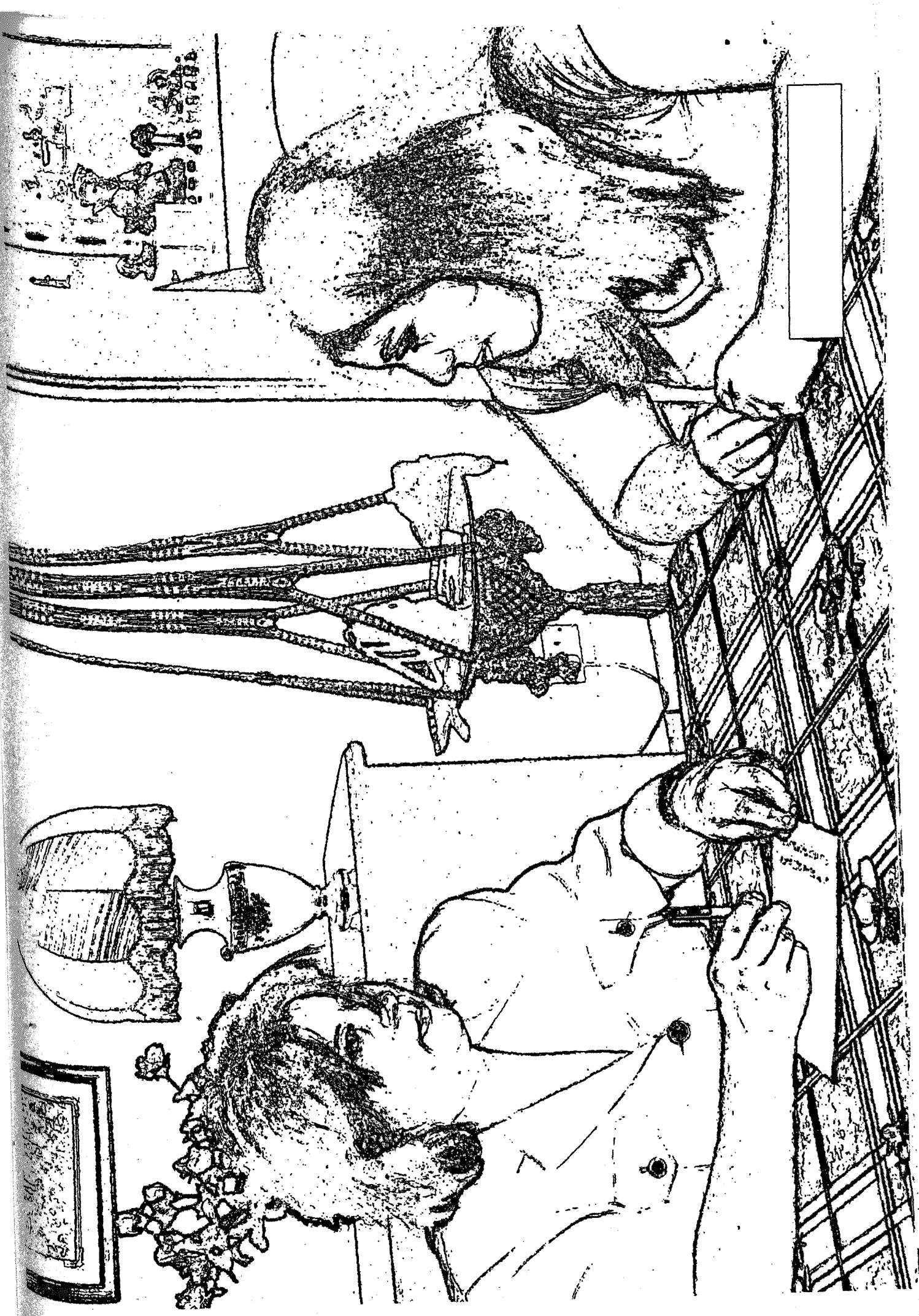
B1. What do you think is grandma saying to him?

**Vignette 1:**  
***Maria writing to her brother John***

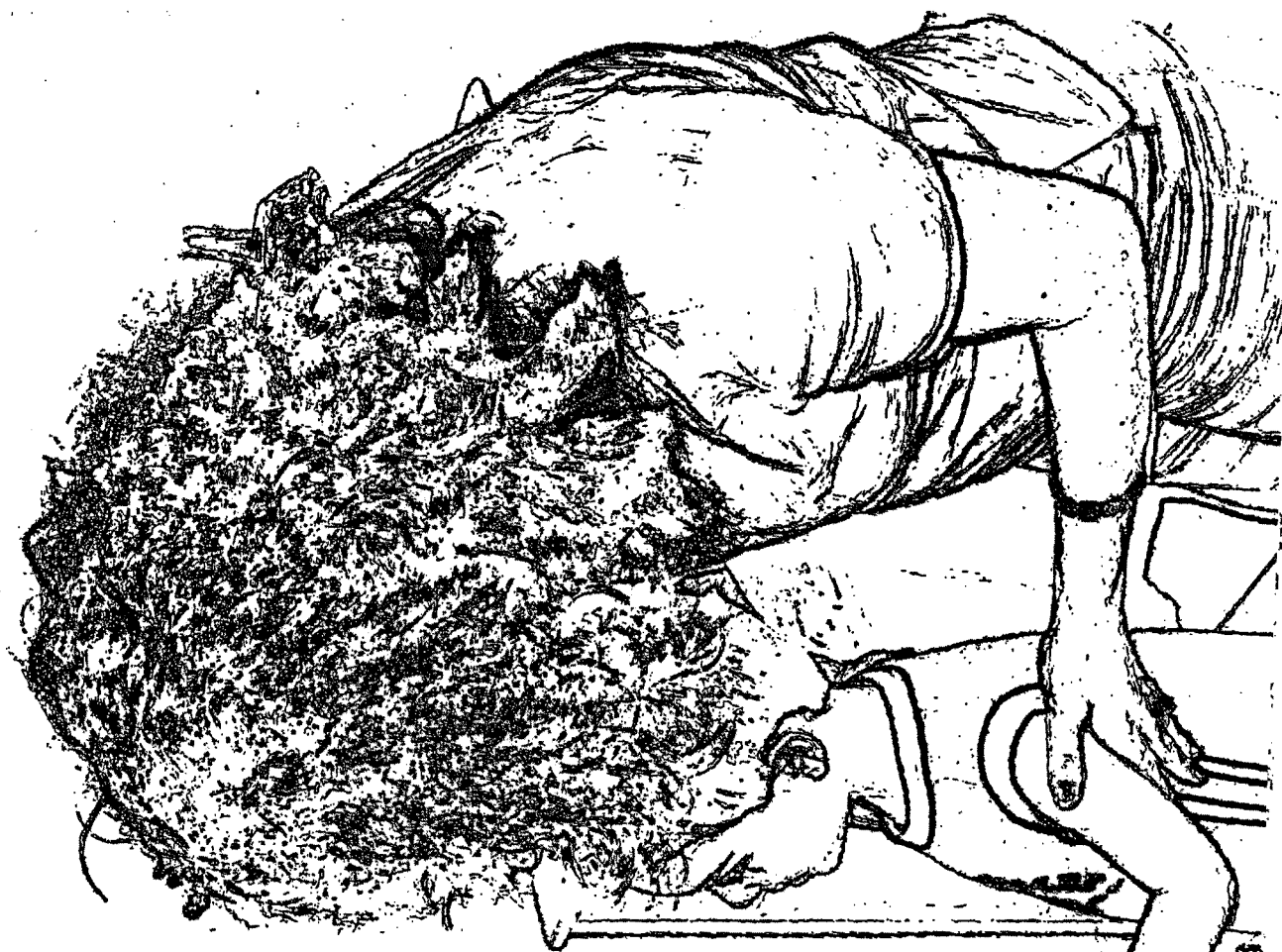


**Vignette 2:**  
***Jennifer meeting her social worker***

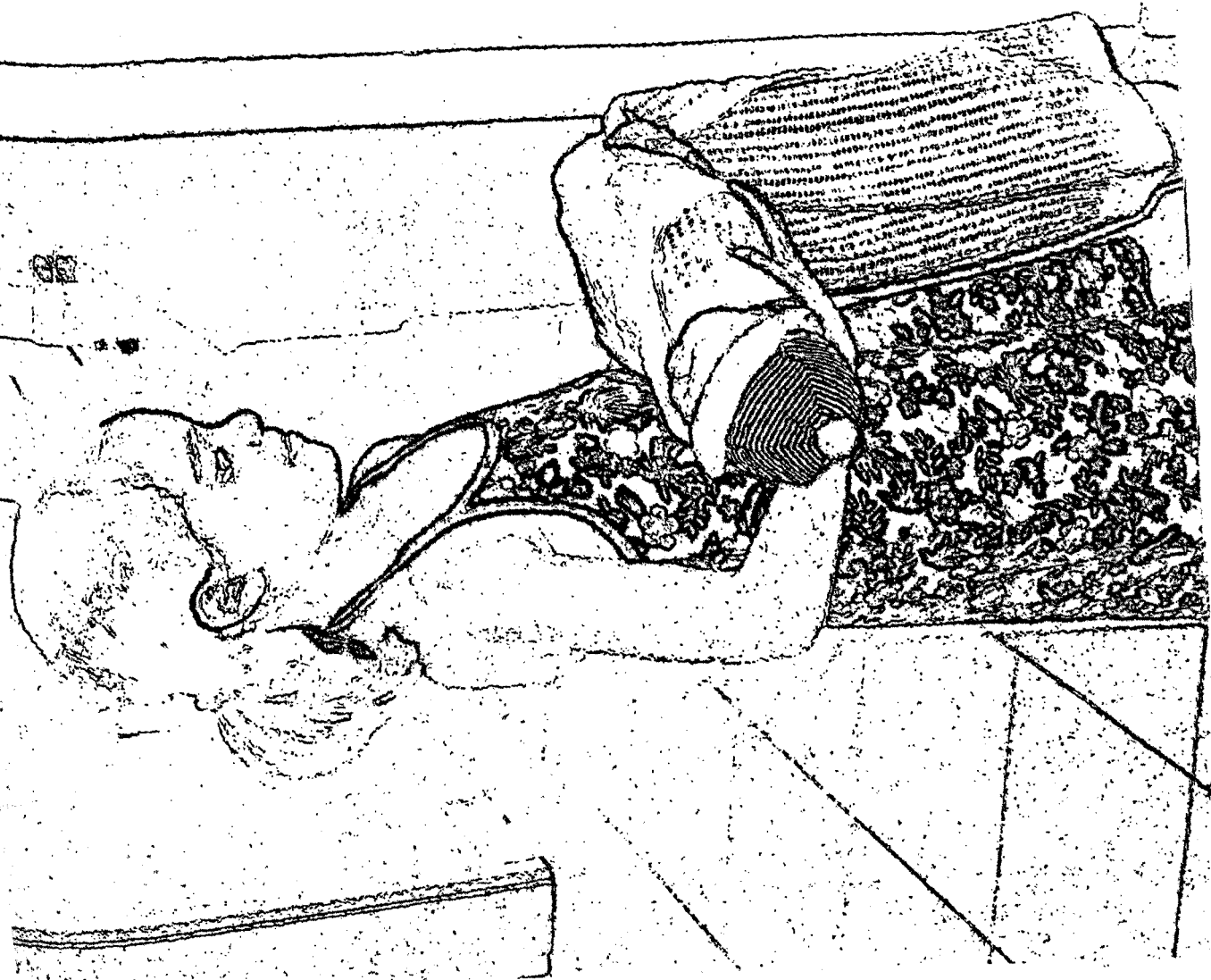
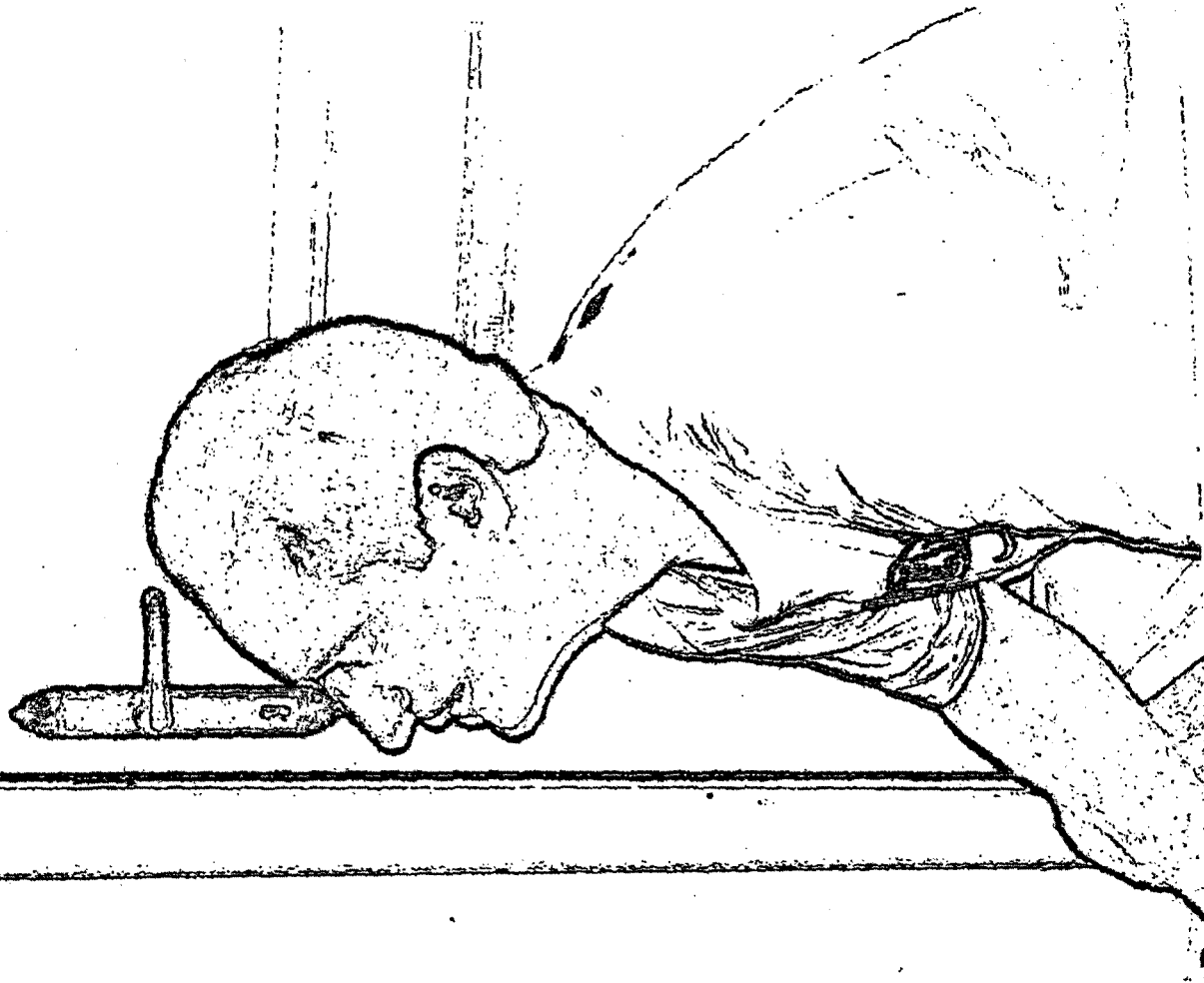




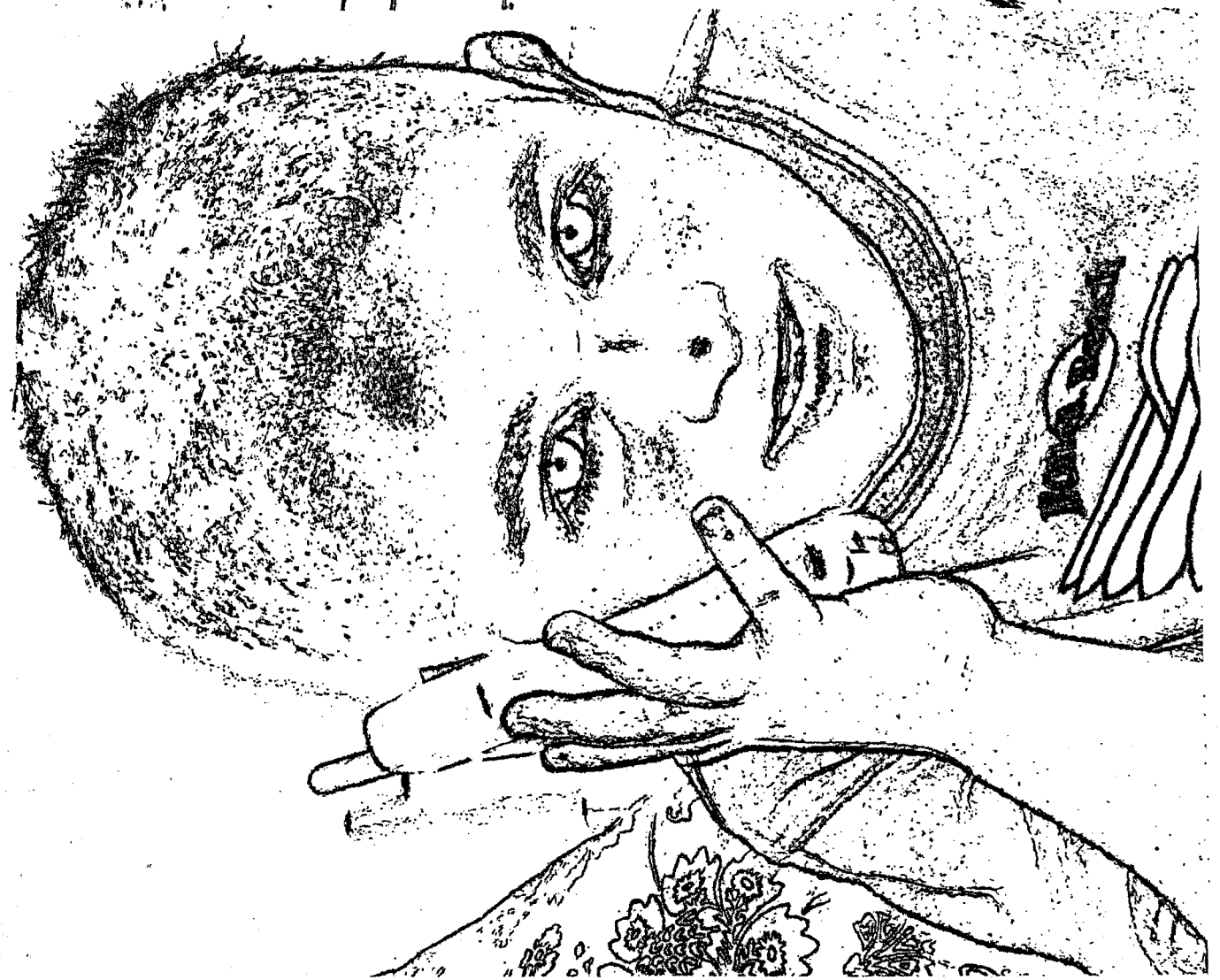
**Vignette 3:**  
***Thomas is meeting his mum  
whilst in the presence of a supervisor***



**Vignette 4:**  
***Erika is meeting her dad for the first time***



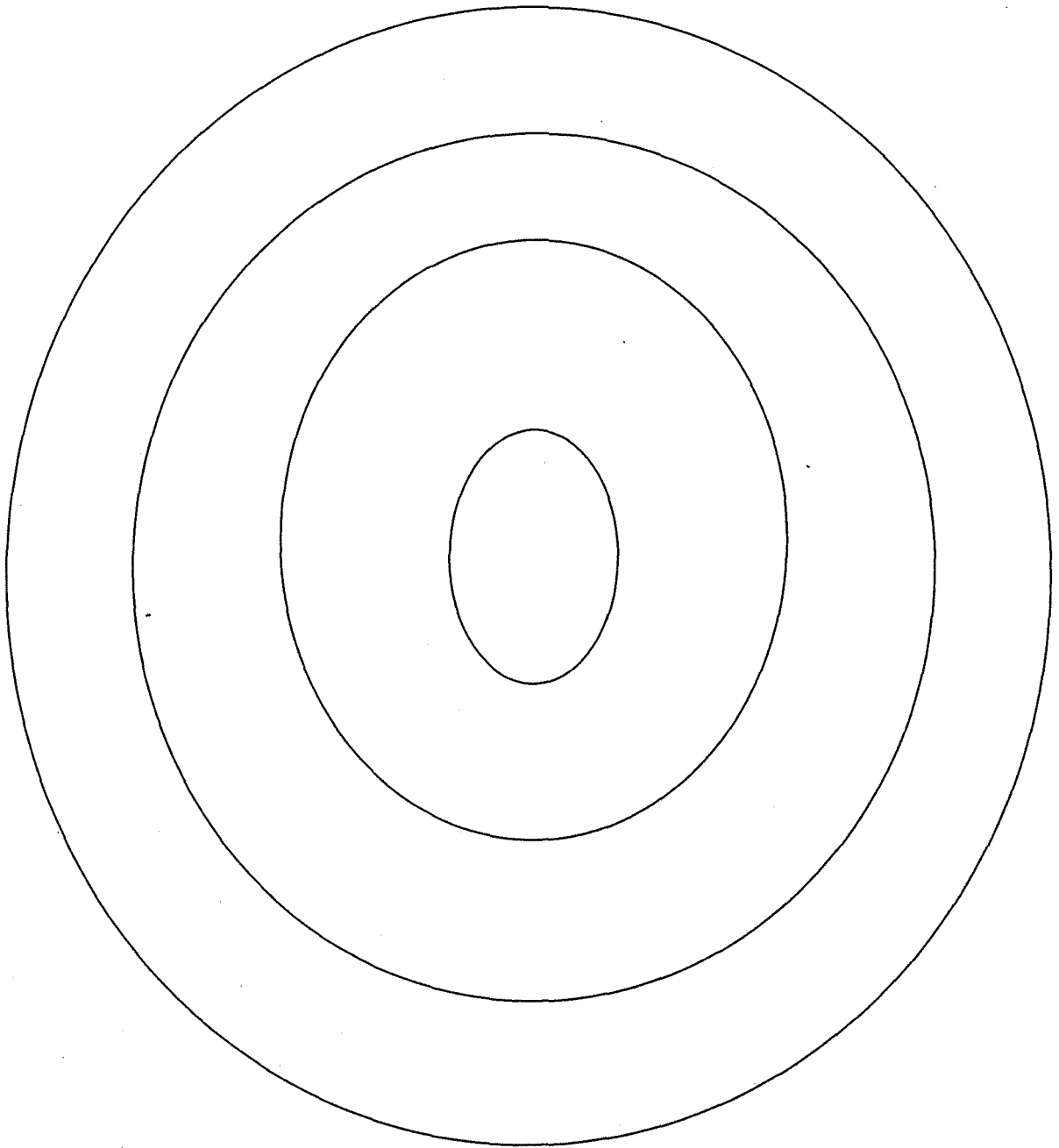
**Vignette 5:**  
***Matthew is talking on the telephone  
with his grandmother***



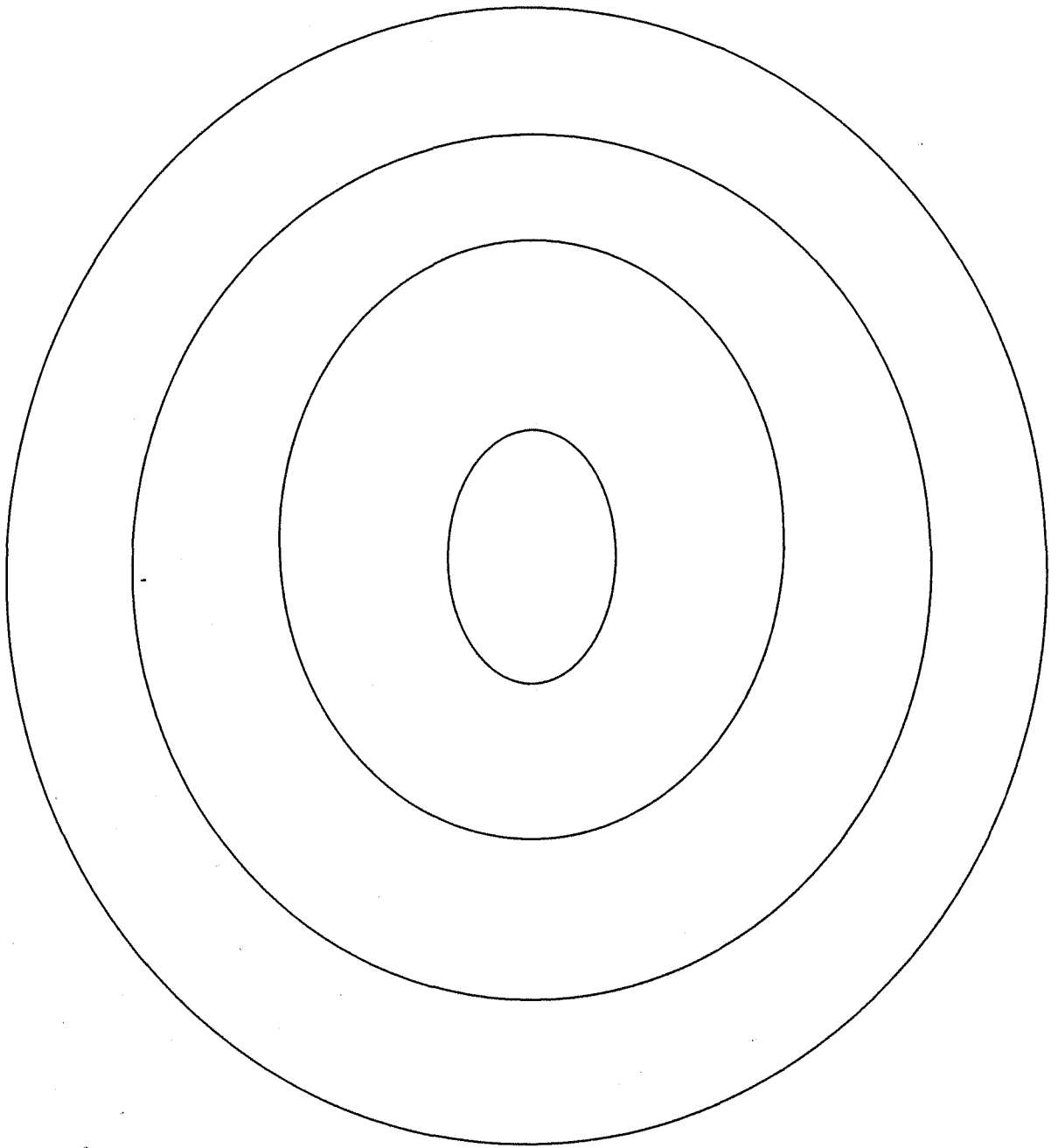
## **Appendix IV:**

### **Visual Spatial Techniques - Ecomaps**





# Experiences of Contact



Desired Contact

Father

Father

Mother

Mother

Uncle

Uncle

Aunt

Aunt

Grandmother

Grandmother

Grandfather

Grandfather

Sister

Sister

Brother

Brother

Siblings

Siblings

Others

Others

## **Appendix V:**

### **Interview Schedule - Children**

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A Study of Contact Arrangements for Fostered Children in Malta

1. Would you be so kind and explain to me the contact that you currently have?
2. How does this contact occur? (Telephone, Face to face, text messaging, mms, email, postcard, letters, photographs, videos/dvds, social worker talking about family, others...)
3. How often does it occur?
4. How do you feel before contact occurs?
5. How do you feel when this contact occurs? What do you do?
6. Were you prepared about contact prior to having your contact arrangements settled?
7. What does this contact mean to you?
8. Do you decide on how this contact occurs?
9. If no, who decides?
- or
10. If yes, is there anyone else who is also involved in deciding?
11. Do you ever think about your contact visits or about your past family experiences? What reminds you about these experiences?
12. How do you feel about these thoughts? Do you like having these thoughts?
13. Would you be so kind and explain to me the contact that you wish to have?
14. How do you want it to happen? (Telephone, Face to face, sms, mms, email, postcard, letters, photographs, videos/dvds, social worker telling you about your family, others...)
15. How would anyone of these contact opportunities make you feel?
16. How often do you want it to happen?
17. How do you want to feel before this contact occurs?
18. How do you think you would feel when this contact occurs, the way you want it?
19. What do you think about preparation?
20. What do you think this contact would mean to you if it occurs the way you want it?

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A Study of Contact Arrangements for Fostered Children in Malta

21. Have you ever been asked how you would like contact to happen?
22. Why do you think you have never been asked?
- or
23. Why do you think you have been asked?

## **Appendix VI:**

### **Questionnaire – Foster Carers**

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1. Name of Child: \_\_\_\_\_
2. Pseudo Name of Child: \_\_\_\_\_
3. Age as at 31<sup>st</sup> December 2005: \_\_\_\_\_
4. Age Now: \_\_\_\_\_
5. Gender: Male/Female
6. Does the child have some sort of disability? Yes/ No  
\_\_\_\_\_
7. Has the child had previous care episodes? Yes/No \_\_\_\_\_
8. Length in Current Foster Placement: \_\_\_\_\_
9. Age when s/he came into this placement: \_\_\_\_\_
10. Average Age of Carers \_\_\_\_\_
11. Type of Placement: Social Contact  
Non-related Care  
Kinship Care \_\_\_\_\_
12. Presence of Family Relatives:

<sup>1</sup> <i>Presence of Family Members</i>	Siblings	Mother	Father	Grandparents
Yes				
No				
Explain	Dead/Lone Child	Dead	Dead	Dead

13. Whereabouts of the family members (Kindly elaborate whether the child resides with siblings and where are his other family members)

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<sup>1</sup> The definition of presence is whether the child has siblings and/or whether they are alive. Contact has nothing to do with this question.



Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

14. Is child in contact with family of origin? Yes/No

<i>Frequency of Contact</i>	<i>Contact with Family Members</i>					
	Siblings	Mother	Father	Grandparents	Aunts/Uncles	Cousins
None						
Weekly						
Monthly						
6-8 weeks						
3-4 month						
Annually						

<i>Type of Contact</i>	<i>Contact with Family Members</i>					
	Siblings	Mother	Father	Grandparents	Aunts/Uncles	Cousins
Meetings						
Telephone						
SmS/MMS						
Emails/Chatting						
Letters						
Postcards						

15. Reasons for Entry into Current Placement

16. Kindly let me know whether there are any concerns about the child, which I should know prior to undertaking an interview with him/her.

## **Appendix VII:**

### **Interview Schedule – Foster Carers**

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A Study of Contact Arrangements for Fostered Children in Malta

1. How did you get involved in fostering?
2. Average age of carers \_\_\_\_\_
3. For how long have you been fostering? \_\_\_\_\_
4. Have you received formal training to foster? Yes/No
5. Could you kindly let me know, how the child came to reside at your placement?
6. Was the child previously fostered or was s/he in residential care?
7. What about contact? With whom has the child kept contact?
8. Has contact been kept from the beginning of this placement?
9. What about the frequency of contact?
10. Where and when does contact occur? (It is significant to understand at what time children have contact and whether it disrupts their routine.)
11. Are you satisfied with the amount of contact kept by the child with the family of origin?
12. Do you think it is important for the child/ren to keep contact with their family of origin?
13. Why do you see it as important or not important?
14. What do you see as the hazards of contact to the child?
15. What are the children's experiences during contact?
16. Does the child have a say in how and where contact occurs?
17. Do you have a say in how contact is managed?
18. So who decides about contact with family relatives?
19. Is contact supervised?
20. Who supervises contact?
21. Managing contact may not be always easy. Can you tell me about your experiences in managing contact?
22. What are the challenges that you have to face in view of contact? (timing, transportation, parental behaviour, dealing with aftermath of contact).

Connecting Children with their Family of Origin:  
A Study of Contact Arrangements for Fostered Children in Malta

23. How do you sort out these challenges?
24. Have you been prepared and trained by social workers to the experiences of contact?
25. Do you receive the expected support from social workers when problems with contact arise?
26. What would it make it better?

**Appendix VIII:**

**Examples of Analysis Grids**

# UNDERSTANDING CONTACT: FOSTER CARERS' VIEWPOINTS

	<i>Interview 1: Amy</i>	<i>Interview 2: Claire</i>	<i>Interview 3: Madeline</i>	<i>Interview 4: Dorothy</i>
<i>Satisfaction with the amount of contact kept by child with family of origin</i>	<p><i>Carer is concerned because child does not have contact with other sibling.</i></p> <p>Fil-fatt dik hi wara li ma kienx baqa' aktar permess li jiltaqqghu ma' l-omm kienu ipruvaw li jlaqqghu l-ahwa. Imma konna ipruvajna flimkien ma' foster carers ohra biex insibu xi hin u nohorguhom ahna ghar-rasna. Jien u hi, it-tifel u l-omm l-ohra. But it did not work out ghax din Monday ghandha l-basketball, Tuesday ghandha l-Muzew, u huha ghandu il-futbol.</p>	<p><i>Carer is satisfied with contact arrangements.</i></p> <p>Iva u mal-parents l-ohra ghamilna kuntatt u sirna hbieb. Nies bhalna, ta'l-affari tagghom. Gieghli gew jieklu hawn u ahna morna nieklu ghandhom.</p>	<p><i>Carer seems fine about current contact. She is not much involved considering it is the adolescent who undertakes most of the arrangements.</i></p>	<p><i>Carer is very concerned about frequency of child's contact.</i></p> <p>Jien narah ghandu hafna pressure ghall-eta' tieghu. Ahna nixtiequ li Gilbert ikun zviluppatt ahjar ma jarax ir-relatives u l-genituri daqshekk ta' spiss.</p>
<i>Importance of keeping contact with family of origin.</i>	<p><i>Sees the importance of keeping contact but for different reasons. It depends on the persons the child has</i></p>	<p><i>Sees the importance of keeping contact with sibling. Does not seem of the same opinion with regards to biological</i></p>	<p><i>Sees the importance of keeping contact with both siblings and parents.</i></p>	<p><i>The carer is concerned about contact and though encourages him to attend contact visits</i></p>

	<p><i>contact with. Positive reasons for sibling contact but selfish reasons for contact with biological mother.</i></p> <p><i>Referring to sibling contact:</i>          Ha nghidlek l-ahħar darba kellha l-homework ‘Min huma ħutek?’ u ma niżlietx lil hutha imma niżlet lit-tfal tiegħi. Ghax hi ma’ dawk li hija close. Jien nieħu gost li mat-tfal tiegħi hija close imma għaliex ma hutha hemm dak id-distakk.</p> <p><i>Referring to contact with mother:</i>          Jien illum sirt nirraġuna, wara dak li għaddejna minnu, li kultant aħjar taraha fit lil mummy tagħha ħalli ma tergax tirvilla. Imma huma min-naħa tas-social workers ma jarawhiex hekk.</p>	<p><i>parents.</i></p> <p>Hemm, skond ma’ min. Hi qatt ma kellha kuntatt mal-ġenituri. U jekk ma ħuha, jien pjuttost naħseb li jagħmlilha ġid. U anke jekk tixtieq tiftaħ qalbha ma’ ħuha. Naħseb li hi haġa sabiħa li tkun taf. Ghax anke il-quddiem.</p>	<p>Ifhem ma’ ħutek u anke mal-ġenituri. Jien hekk ngħidlu.....</p> <p><i>Yet there is some apprehension with regards to contact with mother.</i></p> <p>Darba minnhom meta kien għalaq sixteen, konna madwar il-mejda u staqsewh jekk iridx ikollha x’taqsam il-mummy. U jien kont għidtlu li jekk ser ikollha x’taqsam hi, jien ma iridx ikolli x’naqsam. Qallhom: ‘Le, le għax jien kollox kif inhu irid li jibqa’”.</p> <p><i>Child was pressured by carer. Carer was more interested in her personal needs and ignored the child’s needs.</i></p>	<p><i>since there is a fixed arrangement; on the other hand, she has a lot of apprehension.</i></p> <p>Li taffetwah żgur li l-mohħ tiegħu. U jibda jgħid imma lili għaliex ma zammewniex? Għalih li ma zammewhx hija xi haġa kbira. Is-Sibt u l-Hadd ikun iktar nervuż u faċli li jagħjrek għax ikun tensed. X’jkun intqal mhux dejjem inkunu nafu.</p>
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## CHILDREN'S VIEWS ABOUT CONTACT

	<i>Interview 5: Richard - Adolescent</i>	<i>Interview 6: Aidan - Child</i>	<i>Interview 7: Aidan Karl - Child</i>	<i>Interview 8: Sophie - Adolescent</i>
<p><i>Vignette 1: Sibling Contact</i></p> <p><i>Maria writing to her brother John</i></p>	<p><i>Richard believes that the two siblings will share information. Marija will ask her brother</i></p> <p><i>Kif int u x'thobb taghmel hekk.</i></p> <p><i>Forsi tghidlu li hi tmur tizfen u hu jghidilha li jhobb il-futbol.</i></p> <p><i>Through a letter they are communicating and establishing contact.</i></p>	<p><i>Per eżempju qed tghidlu kif int u li nimmisjak.</i></p> <p><i>Aidan believes that the communication is not simply an information gathering exercise but siblings are sharing their feelings.</i></p> <p><i>The possibility of meeting and being together is also an issue which comes out of this interview.</i></p> <p><i>Għax forsi jaghmlu xi gurnata biex jiltaqgħu huma ukoll.</i></p> <p><i>Ehe jmorru l-baħar.</i></p> <p><i>Tghidlu għada jien sejra l-baħar u imbagħad tara jekk ikunx jista' jigi hu</i></p>	<p><i>Aidan Karl starts by saying that he does not know what Marija is writing to her brother and finally comments that may be her brother will be playing and that Marija does not care what her brother will be doing.</i></p> <p><i>I: Okay tajjeb forsi jilghab. Jigifieri Marija interssata li tkun taf li hu ser joqghod jilghab.</i></p> <p><i>AK: Le.</i></p> <p><i>I: Okay jigifieri int qed tghid li hija mhux interessata x'se jaghmel huha fis-sajf?</i></p> <p><i>AK: Ehe.</i></p> <p><i>Due to his hyperactivity, he could not concentrate and thus to settle him down it was rather difficult. Thus in the first vignette he was not paying much attention.</i></p>	<p><i>Sophie believes that Marija is writing to her brother to see whether he is happy and see how he is spending his time whilst also letting him know how she is spending her time.</i></p> <p><i>The idea of sibling care is evident.</i></p> <p><i>Nassumi li tara kif qieghed jekk hux ferħan. U x'joqghod jaghmel matul il-gurnata ukoll u tghidlu x'taghmel hi.</i></p> <p><i>Jekk iridx imur il-baħar jew jistawx jiltaqgħu. Hekk naħseb jien.</i></p> <p><i>The possibility of meeting and being together is also an issue which comes out of this interview.</i></p>



<p><i>Vignette 2: Contact through professional support</i></p> <p><i>Jennifer meeting her social worker</i></p>	<p><i>Richard believes that Jennifer is asking her social worker about her family of origin.</i></p> <p>Qed tistaqsi lis-social worker fejn jghixu, hekk nahseb.</p> <p><i>He is also a firm believer that social workers should support Jennifer in getting to know about her family of origin.</i></p> <p>Nahseb li tajjeb.</p>	<p><i>Aidan believes that the social worker should help Jennifer in establishing contact with family of origin.</i></p> <p>Ghax tkun taf aktar fuqhom.</p> <p><i>He believes that through this way, Jennifer will learn more about her family of origin.</i></p>	<p><i>Aidan Karl sees the link between social worker and family of origin and believes that social worker can help her out. He agrees with the idea that Jennifer asks her social worker to see her family.</i></p> <p>U mhux biex tara lil familja.</p>	<p><i>Sophie sees the role of the social worker as an important link however, she is also realistic, she believes that there are certain instances when parents would not want to establish contact with their children.</i></p> <p>Jien nahseb li t-tifla qed tghid lis-social worker li taghmel milli tista' ghax wara kollox il-genituri tieghek, huma, huma biss. Imbagħad dak irid jigi mill-genituri ukoll imma għall-inqas tkun għamlet hilitha. Forsi jista' jkun li ma jkunux iridu jagħmlu kuntatt.</p> <p><i>She is very clear about the fact that establishing contact with parents may not be beneficial to the parents. This is in fact her experience.</i></p> <p>Ehe nahseb ghax is-social workers ikollhom certu informazzjoni li t-tfal ma jkollhomx. Allura ikunu jafu f'liema stat tkun l-omm jew il-</p>
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				missier jekk hux ser jarawha jekk ikunux ser jagħmlulha hsara.
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# CHILDREN'S CONTACT EXPERIENCES

	<i>Interview 1: Julia - Child</i>	<i>Interview 2: Elwanda - Adolescent</i>	<i>Interview 3: Valentino - Adolescent</i>	<i>Interview 4: Gilbert - Child</i>
<i>Decision making. Identify who is involved in deciding about contact arrangements.</i>	<p><i>Child decides when she meets her sister. Social workers were involved when they tried to arrange other contact meetings with other siblings.</i></p> <p><i>Child feels good about the fact that she decides.</i></p>	<p><i>Child believes that on this occasion she was given a free hand to decide.</i></p> <p><i>Iva jekk iridx jew le u jiena ridt.</i></p> <p><i>U ma qalulhiex li le ma nistax narah. Darba minnhom qaluli li ghandi hija iehor ghax ahna tletta ahwa. Imma dan hija ma tantx riduni niltaqghha mieghu. Qaluli x'jismu..... Imma qaluli li ghalissa li ma niltaqax mieghu ghax ghandu xi problemi bhal xi serq.</i></p>	<p><i>Illum iva imma meta kont zghir ma kontx niddecidi jien, bil-fors.</i></p> <p><i>Ha nghidlek kienet tibda min-naha tas-social workers. Insomma giegħli kienet u imbagħad jiddecidu u imbagħad jghadduh l-Advisory Board. L-Advisory Board la huma social workers mhux ser johduha kontra s-social workers u allura jaqblu mas-social workers. U nhoss li ma kienetx sew u li għandhom jinvolvu t-tfal. Mhux bhal qorti ghax tghidlek li bil-fors trid tara l-omm allura irid isir hekk. .... u ma kontx inhossni looking forward ghaliha.</i></p>	<p><i>Hi qaltli (referring to social worker).</i></p> <p><i>Għax qabel kont niltaqa' il-Gimgha u giet is-social worker u qaltli issa tibda tiltaqa' siegha mal-mummy u ohra mad-daddy. U imbagħad giet is-Sibt u imbagħad tawlu l-hin.</i></p> <p><i>It seems that the child though has been informed nonetheless; decisions were mostly taken by professionals.</i></p>
<i>Any thoughts about contact or past family experiences</i>	<i>Child also mentions that she does think about her contact visits with her sister.</i>	<i>After establishing contact with her sibling, she thinks about this contact.</i>	<i>After each contact, he has, he keeps on pondering. Forsi dak il-hin ma</i>	<i>He mentions that after meetings he does think about his visits and feels good.</i>

			<p>nkunx qed naghti każ imbagħad wara kwalunkwe kelma li nghidu fid-discussion tkun qegħdha go moħħi u noqghod naħseb jiena fuq dawn l-affarijiet.</p>	Tajjeb.
<p><i>Feelings related to these thoughts</i></p>	<p><i>Child seems to derive pleasure from her thoughts about her contact visits with sibling.</i></p>	<p>Inħossni kuntenta ħafna.</p>	<p>U ngħid : ‘ U ala dak il- persuna uża dik il-kelma miegħi u ala uża dak l- aġir sabiħ miegħi? X’għandi aħjar minn ħaddieħor. U forsi jkun il-low self-esteem tiegħi</p> <p><i>Valentino introspects. Contact visits and thoughts about them give rise to ambivalent feelings.</i></p>	<p>Tajjeb.</p> <p><i>Gilbert mentions that he feels good about these thoughts.</i></p>

# CHILDREN AS ACTIVE AGENTS: THEIR WISHES ABOUT CONTACT

	<i>Interview 13- Aiken Child</i>	<i>Interview 14: - Joe Child</i>	<i>Interview 15: - Daphne Child</i>	<i>Interview 16: - Gogo Adolescent</i>
<i>Explanation of desired contact</i>	<i>Aiken presents a different map. He places his siblings, biological parents and others all in the middle. He longs to see his biological family who he has not seen for quite some time.</i>	<i>Joe presents a different map. In this map almost everyone features in the middle of the circle: Aunt, uncle, sister, previous foster parents, siblings and brother with whom he is residing in placement. In the last circle, he places others namely: social workers.</i>	<i>Daphne places in the middle her maternal grandparents, her maternal aunt and her natural parents. In the second circle she places her uncle and in the third she places her friends.</i>  <i>Daphne longs to have more contact with her natural parents.</i>	<i>Gogo presents a different map. He includes a dog, his biological father, biological sister and others (he does not identify who they are) in the middle of the map. In the second circle, he places his maternal grandmother and his uncle. In the third circle, he places his aunt and finally in the last circle he places his natural mother and maternal grandfather.</i>  <i>It is clear that he longs to have a pet and amongst all these persons he mentions, having a dog is his utmost priority.</i>  <i>He sees a dog as man's best companion.</i>  <i>Nixtieq kelb ghax noqghod nilghab bih ghand ziti mal-kugini. Ikollna xi loghba tal-kbar inkunu nistghu</i>

				<p>nilagħbuha bil-kelb. Inkunu nistghu nilghabu mieghu.</p> <p>L-iktar haġa li nixtieq ukoll mhux kelb li ma għaddhiex minn passat ikrah u hekk, forsi li għadda minn passat ikrah u hekk forsi halli inkun nista' nferrahlu qalbu għall-ħajtu.</p> <p>Halli jinsa l-passat u jħares lejn il-futur li għad jgħaddi minnu.</p>
<p><i>Mode of contact. Which are the forms through which child wants contact to occur?</i></p>	<p>Ma' kollha wiċċ imb'wiċċ.</p>	<p><i>He wants to establish face to face contact.</i></p> <p>Niltaqgħa magħhom.</p> <p><i>He also does not exclude the fact that he also establishes telephone contacts.</i></p>	<p>Niltaqa' magħhom.</p> <p><i>It is clear that Daphne wants to establish more face to face contact.</i></p>	<p>Il- missier billi qisu jibgħatli r-ritratt tiegħu għalissa biex inkun naf halli jekk qisu ma niehux grazzja mal-wiċċ tiegħu ma niltaqax għalissa.</p> <p><i>Gogo wants to establish contact with his father first by gaining information about him.</i></p> <p><i>He wants to meet with his sister through face to face contact.</i></p> <p>Ma' ohti wiċċ imb'wiċċ u</p>

				<p>nixtieq li aktar ikun sikwiet.</p> <p><i>Gogo makes a distinction between those persons he is familiar with and those he does not know.</i></p> <p>G: Dak li naf iktar dwarhom niltaqa' wiċċ imb'wiċċ imma dak li ma tantx naf dwarhom</p> <p>I: Bhaz-ziju, zija u oħrajn?</p> <p>G: U l-ewwel niltaqa' bir-ritratti. Nurihom ir-ritratti tiegħi u forsi nibgħatu xi ittri u imbagħad jekk huma jkunu jridu jarawni.</p> <p>Allura qisek tkun taf għax forsi jibgħatlek ittri u taħseb li huwa ħafna ġenwini u imbagħad jabbuża bik. Li tkun taf li taraha u tghidlu ibagħatli ritratt iktar riċenti halli tkun taf aktar dwaru. Jekk hu forsi jibgħatlek forsi xi biċċa feature halli inti tkun taf aktar dwaru. Għax mill-ghajnejn taqra kollox anke kif ipogġi il-wiċċ.</p>
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